

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Name _____ Date _____
(First) (Last) (Preferred)

Present Address _____ City _____ State _____

Permanent Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

(Name)

(Address)

(Phone)

Are you 18 years or older? Yes No Are you lawfully entitled to be employed in the US? Yes No

Have you ever been convicted of a felony, DUI, or violent crime? Yes No

If yes, please provide details:

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____ Type: Full-time Part-time

Please list any hours or days you cannot work? _____

Have you ever applied here before? Which location? When?

How did you hear about this position? Other

EDUCATION

Please select the highest degree / level of education you've received:

School (Trade/College)	City/State	Major	Did You Graduate?	Degree/Certificate

License # (LPN, RN, SW, NP, NASR, Pharmacist):

Additional information such as special skills training, management experience, or qualifications:

Do you have any experience with terminally ill and/or bereaved persons? (If yes, please briefly describe)

Professional Organizations: _____

U.S. Military: _____ Rank: _____ In National Guard or Reserves? _____

THIS COMPANY IS AT WILL, AND AN EQUAL OPPORTUNITY EMPLOYER

FORMER EMPLOYERS

List below your former employers, starting with most recent:

Check here if resume attached

Month & Year	Name of Employer, Address & Phone #	Starting/Ending Salary	Last Position Held	Reason for leaving	May we contact this employer
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES:

Give the names of three persons not related to you, whom you have known at least one year:

Name	Mailing Address/ Phone	Relationship	Years

Please read the following statement carefully before signing to indicate your understanding: I understand that if I receive a conditional job offer, prior to beginning employment I may be requested to undergo a pre-employment medical examination, a drug test or both. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application may result in termination. I understand and agree that if hired my employment is **AT-WILL. THIS MEANS THAT IF HIRED EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANYTIME AND FOR ANY OR NO REASON.** I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them. I understand I am to maintain all licenses and certifications in good standing and will inform Hospice of any investigations or actions regarding my licenses and certifications.

NOTE: You must choose "Fill & Sign" in the Adobe menu and draw your signature in the box below for this to be submitted electronically. A typed signature will not be accepted. Send to hospice@hospicecp.org when complete.

Signature: _____

Date: _____