

Hospice Care Plus, Inc

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

Name _____ Date _____

Present Address _____ City _____ State _____

Permanent Address _____ City _____ State _____

Home Phone _____ Cell Phone _____ Email _____

Are you 18 years or older? _____ Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a felony, DUI, or violent crime? _____

If yes, please provide details: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____ Type of Employment: _____

Please list any hours or days you cannot work. _____

Have you ever applied to this company before? _____ When? _____

Where did you hear about this position: _____ If an employee, please name: _____

EDUCATION

Indicate highest level achieved:

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

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

GENERAL

Additional information such as specific 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: _____ Present Membership 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:					

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 acquainted

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, and background check. 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 ANY TIME 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 all applicable information. I hereby release these references and former employers from liability for any information they may give you, including 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 Care Plus of any investigations or actions regarding my licenses and certifications.

Signature: _____

Date: _____