



Hospice & Community Care

AT-WILL EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. We consider qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of Hospice & Community Care to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

DATE:

PERSONAL INFORMATION				
Last Name		First	Middle	Social Security Number
Home Phone		Cell Phone		Work Phone
Current Address: Street		City	State	ZIP
Permanent Address: Street		City	State	ZIP
EDUCATION				
High School Attended	City, State		Did you earn a Diploma?	
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma	
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma	
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma	
BASIC INFORMATION				
Please answer the following questions.				
1. Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Have you been convicted of a crime within the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____ _____				
3. How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Website				



EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN		
Can You Work: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Nights		
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Referred by:
Why do you want to work for Hospice & Community Care? _____		

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT AND/OR PAST EMPLOYER/SUPERVISOR? Yes No
Please list below your last three employers, beginning with the most recent.

Most Recent Employer		City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties	
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor	
Next Most Recent Employer		City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties	
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor	
Next Most Recent Employer		City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties	
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor	
Next Most Recent Employer		City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties	
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor	
U.S. Military or Naval Service		Rank	



Subjects of special study/research work or special training/skills:

JOB SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle.

1. Do you have a valid driver's license? Yes No
 If YES, Driver's License Number: _____ Date of Issue: _____
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years? Yes No
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes No
4. Please list all states from which you hold or have held a driver's license:

REFERENCES

Please list three (3) business/professional references that are not related to you.

Name	Business/Title	Phone Number	Years Known

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Hospice & Community Care from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future rules and regulations of Hospice & Community Care and I understand that Hospice & Community Care reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date