Shepherd's Cove Hospice

408 Martling Road
Albertville, AL 35951
Telephone: 256-891-7724
Fax: 256-894-4683

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

PERSONAL INFORMATION

FULL LEGAL NAME (as it appears on your social security card)			DATE
List any other names which you are known as:			
PRESENT ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	SOCIAL SECURITY NUMBER		
PERSONAL PHONE #	PERSONAL PHONE # (ALTERNATIVE)	ARE YOU 18 YEARS OR OLDER? Yes No	

DESIRED EMPLOYMENT

Have you ever applied or worked for Hospice of Marshall County? Yes No POSITION APPLYING FOR:	DATE YOU ARE AVAILABLE	SALARY DESIRED
ARE YOU EMPLOYED NOW? Yes No IF SO, may we contact your current employer? Yes No	Are you available to work weekends? Yes No Are you available to work overtime? Yes No	

DO YOU WANT: ☐ Regular full-time work ☐ PRN casual as needed

IF HIRED:
Can you present evidence of your legal right to work in the U.S.? Yes No
Would you have a reliable means of transportation to and from work? Yes No
Do you have a valid driver's license? Yes No

WHO REFERRED YOU TO THIS AGENCY?

☐ Ad for job opening ☐ Walk in ☐ Friend/Family (Name) _____
☐ Employment agency ☐ Unemployment Office ☐ Employee (Name) _____

PERFORMANCE OF ESSENTIAL JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No
(If no, describe the functions that cannot be performed.)

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE / DIPLOMA
HIGH SCHOOL			Yes No	
COLLEGE / UNIVERSITY			Yes No	
VOCATIONAL / BUSINESS			Yes No	
CERTIFICATIONS License Number _____			Yes No	

FORMER EMPLOYERS

LIST ALL YOUR EMPLOYERS OVER THE PAST 7 YEARS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? Yes No	STARTING WAGE $ PER	FINAL WAGE $ PER	
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	
DESCRIPTION OF JOB DUTIES			
REASON FOR LEAVING			

MILITARY SERVICE

SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or misdemeanor)? Yes No
HAVEYOU EVER BEEN EXCLUDED FROM PARTICIPATION IN A STATE FEDERAL HEALTHCARE PROGRAM Yes No

(Note: Convictions will not necessarily disqualify an applicant for employment.)

IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE(S).

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ADDITIONAL INFORMATION

SPECIAL LICENSES OR CERTIFICATIONS
OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL ARE RELEVANT TO EMPLOYMENT WITH THIS COMPANY

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS – *Read and initial each paragraph and sign below:*

_____ **TRUTHFULNESS OF APPLICATION**: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of any material fact may result in denial of employment or termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE**: I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

_____ **AT-WILL RELATIONSHIP**: I understand and agree that if I am offered employment with the Company it will be on an "at-will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause with or without prior notice. I further understand that the "at-will" nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

_____ **SEARCH OF PUBLIC RECORDS**: Should a search of public records—including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment—be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the above paragraph.

_____ _____

SIGNATURE DATE