

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	DATE YOU ARE AVAILABLE	SALARY DESIRED
POSITION APPLYING FOR:		
ARE YOU EMPLOYED NOW? Yes No	Are you available to work weekends? Yes No	
IF SO, may we contact your current employer? Yes No	Are you available to work overtime? Yes No	
DO YOU WANT: <input type="checkbox"/> Regular full-time work <input type="checkbox"/> 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?		
<input type="checkbox"/> Ad for job opening <input type="checkbox"/> Walk in <input type="checkbox"/> Friend/Family (Name) _____ <input type="checkbox"/> Employment agency <input type="checkbox"/> Unemployment Office <input type="checkbox"/> 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? (If no, describe the functions that cannot be performed.)	Yes No
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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
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CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (felony or misdemeanor)?	Yes	No
HAVE YOU 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