



Employment Application

Community Care & Hospice is committed to providing equal opportunity in hiring, discharge, pay, benefits, and other aspects of employment regardless of race, color, sex, age, national origin, sexual orientation, marital status, disability, veteran status or any basis prohibited by statute.

PLEASE PRINT

Date _____ Position Applied for _____

Salary Desired _____ Full Time Part Time PRN Hours per week _____
 1st Shift 2nd Shift 3rd Shift

Name _____ Soc. Sec. # _____
FIRST LAST

Present Address _____
NUMBER STREET

_____ Tel # (_____) _____
CITY STATE ZIP

Are you eligible for employment in the U.S.? Yes No Are you over 18 years of age? Yes No
 Have you ever been convicted of a felony or of any misdemeanor involving theft, dishonesty or moral turpitude? (A conviction will not necessarily bar employment.) Yes No

If yes, give dates and offenses: _____

(All staff will be subject to a criminal background check.)

EDUCATION

School	Name and Location	Attendance (last year completed)	List Diploma/Degree received	Major Subject
High School		1 2 3 4		
Technical, Business or Professional Training		1 2 3 4		
College or University		1 2 3 4		
Graduate School or Other		1 2 3 4		

If your profession requires current licensure, registration or certification, indicate:

No. _____ State _____ Exp. Date _____

No. _____ State _____ Exp. Date _____

List any other skills or any additional information you would like us to know: _____

PROFESSIONAL REFERENCES (Refer to people you have worked for/with and who are familiar with your work performance and experience.)

Name	Occupation/Company/Relationship	Telephone #
1.		
2.		
3.		

May we contact your current employer? Yes No

PLEASE PRINT

EMPLOYMENT *(List last 7 years employment starting with present or most recent. You may include any relevant military service. Additional pages are available.)*

Employer Name:	Date Started:	Starting Position:
Address:	Date Left:	Last Position:
	Starting Salary:	Describe Major Duties:
Tel. #:	Final Salary:	
Supervisor:	Full Time:	
Supervisor Title:	Part Time:	
Reason for leaving:		
Employer Name:	Date Started:	Starting Position:
Address:	Date Left:	Last Position:
	Starting Salary:	Describe Major Duties:
Tel. #:	Final Salary:	
Supervisor:	Full Time:	
Supervisor Title:	Part Time:	
Reason for leaving:		
Employer Name:	Date Started:	Starting Position:
Address:	Date Left:	Last Position:
	Starting Salary:	Describe Major Duties:
Tel. #:	Final Salary:	
Supervisor:	Full Time:	
Supervisor Title:	Part Time:	
Reason for leaving:		
<i>ATTACH ADDITIONAL PAGES IF NEEDED</i>		

ADDITIONAL INFORMATION

Do you have any family members working for Community Care & Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide full name: _____
Have you worked for Community Care & Hospice in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" and not listed above, provide dates of employment and position(s) held: _____

• • • IMPORTANT - PLEASE READ BEFORE SIGNING • • •

My signature constitutes my certification that my responses are true and complete and that I have read and that I understand this paragraph. Where an item is left blank, it is because there is no information to report. My signature further constitutes my authorization for Community Care & Hospice to verify the facts submitted and for those with relevant information, including, but without limitation, schools, law enforcement agencies and my prior employers, to provide such information to Community Care & Hospice, and I release them from any liability for doing so. A copy of this form shall serve as my authorization to release information and records. I understand and agree that any falsification or omission either on this form and any resume submitted or in my responses to questions asked during the interviewing or examination process or on employment forms I may subsequently complete, including "I-9" forms, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS TO BE "AT WILL" AND THAT EITHER I OR MY EMPLOYER MAY TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE.**

Applicant's Signature _____ Date _____