



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? Yes No  
If NO, are you lawfully authorized to work in the United States? Yes No

2. Have you been convicted of a crime within the past 7 years? Yes No  
If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

3. How did you learn about us?  
 Advertisement      Newspaper      Friend      Walk-in      Other: \_\_\_\_\_  
 Employment Agency      Relative       Employee      Website



**EMPLOYMENT INFORMATION**

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
Do You Prefer: Full-Time    Part-Time    PRN	Can You Work: Weekdays    Weekends    Days    Nights	
Have you ever applied to this company before? Yes    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.

<b>Most Recent Employer</b>	City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor

<b>Next Most Recent Employer</b>	City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor

<b>Next Most Recent Employer</b>	City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor

<b>Next Most Recent Employer</b>	City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving \$	Supervisor

<b>U.S. Military or Naval Service</b>	Rank
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Subjects of special study/research work or special training/skills:

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**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