

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	INFORMAT	ION			
Last Name	First	Middle		Social Security Number	
Home Phone		Cell Phone		Work Phone	
Current Address: Street			City	State	ZIP
Permanent Address: Stre	Permanent Address: Street		City	State	ZIP
EDUCATION (CONTROL OF CONTROL OF	N				
High School Attended			Did	you earn a Diploma?	
Undergraduate College A	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 INFO	PRMATION				
	States Citizen? Yes fully authorized to was	No ork in the United State hin the past 7 years?			
How did you learn Advertisement Employment Agen	Newspaper	Friend Employee	Walk-in Website	Other:	



EMPLOYMENT IN	NORMATION		
Position Applied For:	Date You Can Star	t Work:	Desired Salary: \$
Do You Prefer: Full-Time Part-	Time PRN Ca	ın You Work: Weekdays	Weekends Days Nights
Have you ever applied to this compa	ny before? Yes No	When?	Referred by:
Why do you want to work for Hospid	ce & Community Care?		
EMPLOYMENT H	ISTORY		
MAY WE CONTACT YOUR Please list below your last thr			SOR? Yes No
Most Recent Employer		City, State, ZIP	Phone Number
Position Held	Dates From/To	Duties	
Reason For Leaving		Pay Rate Upon Leaving \$	Supervisor
Next Meet Decent Employer		City, State, ZIP	Phone Number
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	
O.S. Dilitary of Playar Scrvice		ixank	



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.							
Do you have a valid driver's license? Y 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 of	or have held a driver's license:						
REFERENCES							
Please list three (3) business/professional	references that are not related to yo	ou.					
Name	Business/Title	Phone Number	Years Known				
APPLICANT'S CERTIFIC	ATION AGREEMENT		1				
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							