



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.

- Are you a United States Citizen? Yes No
If NO, are you lawfully authorized to work in the United States? Yes No
- Have you been convicted of a crime within the past 7 years? Yes No
If YES, please explain:
- 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.		
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
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	

