

APPLICATION FOR EMPLOYMENT

An EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Date _____ SS# _____ Position _____

Name _____ Telephone _____

 Last First Middle Area Code

E-mail _____

Address _____

 Number Street City State Zip Code

If employed and under 18 years of age, can you furnish a work permit? Yes No

Have you filed an application with this company before? Yes No

 If yes, give date:

Have you ever been employed with this company before? Yes No

 If yes, give date:

Are you currently employed? Yes No

 If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

When are you available to work? - Full Time - Part Time - Shift Work – Temporary

Salary requirements _____ hourly or _____ annual

Professional License Number _____

Referred by _____

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

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EDUCATION:

	Elementary				College/ University				Graduate/ Professional								
School Name																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Degree																	
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

APPLICATION FOR EMPLOYMENT

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.) _____

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____
 Address: _____
2. Name: _____ Telephone: _____
 Address: _____
3. Name: _____ Telephone: _____
 Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:	Dates Employed		
	Address:	From:	To:	
	Phone Number:	Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting:	Final:
		May We Contact your Current Employer:		
	Work Performed:			
	Reason for Leaving:			

2.	Employer:		Dates Employed:	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason For Leaving:			
3.	Employer:		Dates Employed:	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason For Leaving:			
4.	Employer:		Dates Employed:	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason For Leaving:			

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

***Please fill out all pages and mail to
Hospice Care of America, Inc
3815 N. Mulford Rd., Rockford, IL 61114
or fax to 815-316-2702
Questions, call 815-316-2700***