



**Hope Hospice & Healthcare, Inc. is an EQUAL OPPORTUNITY EMPLOYER.**

**PERSONAL INFORMATION**

**Date of Application:** \_\_\_\_\_

Last Name	First Name	Middle	E-Mail Address	
Present Address	City		State	Zip Code
Permanent Address	City		State	Zip Code
Home Phone	Cell Phone	Referred By:		

**EMPLOYMENT DESIRED**

Position	Desired Salary:	Date Available
Check which you are applying for: Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Per Diem <input type="checkbox"/>		What days and hours are you available? If per diem during what is your availability: Days per week (circle) S M T W T F S Hours: _____
Are you available to work on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you be available to work overtime, as necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		If hired on what date would you be available? _____
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of the minimum legal age.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why are you applying for work at Hope Hospice & Healthcare, Inc.? _____ _____ _____		

**PERSONAL INFORMATION**

Have you ever applied to or worked for Hope Hospice before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
How did you hear about job opportunities at Hope Hospice: <input type="checkbox"/> Indeed.com <input type="checkbox"/> Craigslist <input type="checkbox"/> Website <input type="checkbox"/> Employee (name) _____ <input type="checkbox"/> Other: _____
Do you have any friends or relatives that work at Hope Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship: Name: _____ Relationship: _____ We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, of if doing so could create conflicts of interest.
If hired, would you have a reliable method of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed.
_____ _____ _____ _____

**Application for Employment**

**EDUCATION RECORD**

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	TYPE OF DIPLOMA /DEGREE	DATE OF GRADUATION
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ date
Undergraduate College					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ date
Graduate Professional					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ date
Technical or Vocational School					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ date
Health Care Training					<input type="checkbox"/> Yes <input type="checkbox"/> No _____ date
BLS/CPR Certification is current? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____					
Do you speak or write another language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which languages? _____					
Do you have any other training, qualifications or skills that you feel make you especially suited to work for Hope Hospice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					
<b>Social workers please complete the date of graduation for your Masters in Social Work as well as the name, address and phone number of the school in the spaces provided above. Social workers must have a Master's Degree in social work within a program approved by the Council on Social Work Education which is the sole accrediting agency for social work.</b>					

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Name of license/certification:	State Issued	Date issued	Expires On	Number
Name of license/certification:	State Issued	Date issued	Expires On	Number
Name of license/certification:	State Issued	Date issued	Expires On	Number
Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the reason(s), date of revocation or suspension and date of reinstatement. _____				

**REFERENCES**

List three persons (not related to you and other than supervisors) who have knowledge of your work performance within the last 3 years.

NAME/OCCUPATION	ADDRESS	PHONE NUMBER	NO. OF YRS. ACQ.

**Application for Employment****EMPLOYMENT EXPERIENCE**

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Employer	Dates Employed	
	From	To
Address	City	State/Zip
Telephone Number(s) Email Address:	Job Title:	
Reason for Leaving: Supervisor:		
<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your duties:		

Employer	Dates Employed	
	From	To
Address	City	State/Zip
Telephone Number(s) Email Address:	Job Title:	
Reason for Leaving: Supervisor:		
<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your duties:		

Employer	Dates Employed	
	From	To
Address	City	State/Zip
Telephone Number(s) Email Address:	Job Title:	
Reason for Leaving: Supervisor:		
<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your duties:		

Employer	Dates Employed	
	From	To
Address	City	State/Zip
Telephone Number(s) Email Address:	Job Title:	
Reason for Leaving: Supervisor:		
<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your duties:		

**Application for Employment**

**Previous Employers Continued:**

Employer	City		State/Zip		Dates Employed	
					From	To
Address	City		State/Zip			
Telephone Number(s) Email Address:	Job Title:					
Reason for Leaving: Supervisor:						
<b>May we contact this employer for a reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                   Describe your duties:						

**MILITARY SERVICE**

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No                   If so what branch? _____                   Have you obtained any special skills or abilities during your service that would be pertinent to your employment at Hope Hospice & Healthcare, Inc.?

**Please read carefully each paragraph below, initial next to each paragraph your agreement and Sign Below:**

- \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery
- \_\_\_\_\_ I hereby authorize Hope Hospice & Healthcare, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
- \_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date