

**HOSPICE OF THE WEST
APPLICATION FOR EMPLOYMENT- CONFIDENTIAL**

(Please print clearly)

Personal Information

Date of Application: _____ Date Available: _____

Name _____				
Last	First	Middle		
Present Address _____				Phone Number Is this a cell ph? YES NO
Street	City	State	Zip	
Email Address _____				
Permanent Address <i>(if different from Present Address)</i>	_____			Phone Number _____
	Street	City	State	

If you cannot be reached at above phone number, where may we contact you? Name _____ Phone _____

Employment Desired			Will you accept employment of: <input type="radio"/> Full time? <input type="radio"/> Part time? <input type="radio"/> PRN?
Type of Work Desired	Shift	Salary	Are you 18 yrs. of age or older? <input type="radio"/> Yes <input type="radio"/> No
First Choice			Are you employed now? <input type="radio"/> Yes <input type="radio"/> No
Second Choice			May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No
Third Choice			How did you learn of this opening?

Education	Circle Highest Grade Completed: 9 10 11 12 13 14 15 16		Scholastic Honors Received:		
	Name of School	Location (City, State)	Courses Taken	Completed	Type of degree or Certificate received
High School					
College					
Vocational Or Business					
Professional Education					
Laboratory or X-ray training					

Extracurricular Activities While in School:

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or other qualifications you have which you feel are related to the position for which you are applying _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From ____/____/____ To ____/____/____ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications			
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

Employment Record (list last or present position first)			
Present and Former Employers	Dates Employed	Salary Range	Position and Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate: _____

Last

First

Middle

Have you ever been convicted of a crime? Yes * No If YES, for what, when and where? _____

**Conviction of a criminal offense will not necessarily preclude your employment.*

References:

Use this space to give us further information which will assist us in placing you. Please list at least 2 references, not related to you, whom you have known at least one year.

Name	Phone number	Relationship (professional/personal)

Employment Understanding (Please Read and Sign)

Hospice of the West does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Hospice of the West the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations, as may be required by Hospice of the West at such times and places as the agency shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature: _____ Date: _____

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired: _____ Will you accept another position: <input type="radio"/> Yes <input type="radio"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="radio"/> Yes <input type="radio"/> No Holidays? <input type="radio"/> Yes <input type="radio"/> No Rotating Shifts? <input type="radio"/> Yes <input type="radio"/> No
	P.M.	P.M.	

Tuesday	A.M.	A.M.	<p>If your availability changes, it is your responsibility to notify Hospice of the West, indicating the changes. Such changes will be effective, then, for any future employment.</p> <p>I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department manager or administrator of Hospice of the West.</p> <hr/> <p>Applicant's signature _____ Date _____</p>
	P.M.	P.M.	
Wednesday	A.M.	A.M.	
	P.M.	P.M.	
Thursday	A.M.	A.M.	
	P.M.	P.M.	
Friday	A.M.	A.M.	
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

As a final step in the hiring process, please arrange personal reference calls with former supervisors, listing their full name, title, current phone number and availability.

Reference and Prior Employment Check – Former Supervisors			
Former Supervisor's Name	Title & Business	Phone Number	Daytime Availability (list several options)

If you are currently employed and do not want us to contact your current employer, please arrange personal reference calls with former associates who have left your current company. List their full name, title, current phone number and availability.

Reference and Prior Employment Check – Former Associates			
Former Associate's Name	Title	Phone Number	Daytime Availability (list several options)
