

HANDS OF HOPE HOSPICE EMPLOYMENT APPLICATION

Position applying for: _____

Date: _____

Personal Information:

Name (Last, First, Middle):		Home Telephone Number:
Address:		Cell Phone Number:
City/State/Zip:		Email Address:
Date of Birth:	SS number:	

Are you legally authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no

Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Are you willing to work weekends? <input type="checkbox"/> yes <input type="checkbox"/> no	May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no
------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

Employment History --- Begin with most recent employment:

Dates From: _____	To: _____	Company name: _____	City, State: _____
Title and Duties: _____			
Reason for leaving: _____	Supervisor's name: _____	Telephone number: _____	
Dates From: _____	To: _____	Company name: _____	City, State: _____
Title and Duties: _____			
Reason for leaving: _____	Supervisor's name: _____	Telephone number: _____	
Dates From: _____	To: _____	Company name: _____	City, State: _____
Title and Duties: _____			
Reason for leaving: _____	Supervisor's name: _____	Telephone number: _____	

Education/Training:

Have you obtained a high school diploma or GED certificate? ____yes ____no		
School:	Name & Location:	Diploma/Degree/Specialization area:
College/University:		
Specialized courses & training:		

Do you have a current license/certificate (if applicable for this position)? ____yes ____no

Have you ever been convicted of a felony? ____yes ____no

Other special skills-- List other specific skills or qualities you have to offer that apply to this position:

References-- Give the names of persons not related to you:

Name:	Address:	Telephone:	Occupation:

As part of the pre-employment process, you will be required to undergo a background check which includes fingerprinting and drug testing at a time determined by management. Are you willing to comply with these requirements? ____yes ____no

The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally will be cause for immediate reprimand and/or dismissal.

Signature: _____

Date: _____