



# HOSPICE CARE OF CALIFORNIA™

"Quality of Care through the Compassion of Many"

## APPLICATION FOR EMPLOYMENT

Hospice Care of California, 377 E. Chapman Avenue, Suite 280, Placentia, CA 92870 is an equal opportunity employer and does not discriminate in its employment practice on the basis of race, color, veteran status, gender, age, creed, religion, disability, or national origin.

This application will be given every consideration; its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**(Please Print)**

### PERSONAL

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Social Security Number</b> / /
<b>Street Address</b>	<b>P.O. Box/Apartment Number</b>		<b>Home # ( )</b> <b>Cell # ( )</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Business # ( )</b> <b>E-Mail:</b>
Are you age 18 or over: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
After employment, can you submit proof of your U.S. Citizenship or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant from employment) If yes, please explain:			
Are you willing to submit to drug testing at the direction of Hospice Care of California? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### EMPLOYMENT DESIRED

<b>Position(s) applying for:</b>	<b>Date of Application:</b>
How did you learn about Hospice Care of California? <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other:	
Type of Status Preferred: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem/Temporary	
Salary Expectations: \$ per <input type="checkbox"/> hour <input type="checkbox"/> year	
Date Available for Employment: Hours Preferred:	
Have you previously applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:	
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime <input type="checkbox"/> Other:	

## EDUCATION and TRAINING

School	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
High School			<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> Did you graduate: Yes      No	
Business/ Trade/Tech			<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> Did you graduate: Yes      No	
College			<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> Did you graduate: Yes      No	
Graduate			<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> Did you graduate: Yes      No	

Describe any specialized training, skills, apprenticeships, and extracurricular activities. Also indicate any foreign language(s) you can speak, read, and/or write.


List membership in Professional, Trade, Business, or Civic Organizations and offices held.  
 (Exclude those which may reveal your gender, race, religion, national origin, age, disability, or other protected status.)


## MILITARY

Did you serve in the U.S. Armed Forces:    ☐ Yes    If Yes, what branch:                      ☐ No

Describe any training received relevant to the position to which you are applying.


## EMPLOYMENT HISTORY

Start with your present or most recent employer. Give accurate, complete information accounting for all periods of time including military service and any periods of unemployment. Please give month and year.

**The following information must be completed, regardless of attached résumé.**

<b>Company Name:</b>	<b>Telephone:</b>  (     )
<b>Address:</b>	<b>Employed from</b> (month) (year)
<b>Job Title:</b>	<b>to</b> (month) (year)
<b>Immediate Supervisor:</b> <b>Title:</b>	<b>Pay Rate:</b> <b>Start \$</b> <b>per</b>
<b>Duties Performed:</b>	<b>Final \$</b> <b>per</b>
	<b>Reason for leaving:</b>

<b>Company Name:</b>	<b>Telephone:</b>  (     )
<b>Address:</b>	<b>Employed from</b> (month) (year)
<b>Job Title:</b>	<b>to</b> (month) (year)
<b>Immediate Supervisor:</b> <b>Title:</b>	<b>Pay Rate:</b> <b>Start \$</b> <b>per</b>
<b>Duties Performed:</b>	<b>Final \$</b> <b>per</b>
	<b>Reason for leaving:</b>

<b>Company Name:</b>	<b>Telephone:</b>  (     )
<b>Address:</b>	<b>Employed from</b> (month) (year)
<b>Job Title:</b>	<b>to</b> (month) (year)
<b>Immediate Supervisor:</b> <b>Title:</b>	<b>Pay Rate:</b> <b>Start \$</b> <b>per</b>
<b>Duties Performed:</b>	<b>Final \$</b> <b>per</b>
	<b>Reason for leaving:</b>

## SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s)

Are you presently employed? ☐ Yes ☐ No If Yes, may we contact your present employer: ☐ Yes ☐ No

Have you ever been fired, or asked to resign, from a job? ☐ Yes ☐ No If Yes, please explain:

Are you related to any current employee, volunteer, or board member at Hospice Care of California? ☐ Yes ☐ No

## PERSONAL REFERENCES

Give three references listing name, address, phone number, and occupation. Do *not* list relatives or former employer.

Name	Address	Telephone	Occupation
		( ) -	
		( ) -	
		( ) -	

## AFFIDAVIT

- I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on any application form, any inserts/attachments or during any interviews may be grounds for immediate dismissal.
- I hereby authorize Hospice Care of California to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.
- I agree that, if I am employed, I will abide by all the rules and regulations of Hospice Care of California. I will also adhere to the core values in the Mission Statement of Hospice Care of California.
- I understand that nothing in this application creates an employment contract or relationship. I also understand that if hired by Hospice Care of California, my employment can be terminated at any time, by myself or Hospice Care of California, for any grounds not prohibited by law.
- I understand this application shall be considered active for a period of time not to exceed ninety (90) days. If I wish to be considered for employment beyond this time period, I should inquire whether applications are being accepted at that time.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE ONLY

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neatness

Character

Personality

Ability