

Application for Employment

Position applied for: _____

Confidential Information

APPLICATION FOR EMPLOYMENT HOSPICE CLEVELAND COUNTY

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. All employees must successfully pass a criminal background check, a drug screen test, a Medicare Sanctions list check, and as applicable, a driving record check.

PLEASE PRINT

Date of Application: _____

Position(s) applied for: _____

Last Name: _____ First _____ MI _____

Address: _____

Mailing Address (if different): _____

Telephone: _____ Social Security Number: _____

Have you ever filed an application with us before? yes no If yes, give date. _____

Have you ever been employed with us before? yes no If yes, give date. _____

Are you currently employed? yes no 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.) If yes, explain. _____

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary
_____ Days _____ Evenings _____ Nights
_____ Weekends

Have you been convicted or found guilty of a misdemeanor or a felony within the last 7 years? yes no If yes, explain.
(This will not necessarily disqualify an applicant from employment.)

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergrad. College				
Graduate/ Professional				
Other (specify)				

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include job-related military service assignments and volunteer activities.

Employer:		Position:	Employment Dates:	
			From:	To:
Address:				
City & Zip:		Phone:	Hourly Rate/Salary:	
			Starting:	Final:
Supervisor:				
Job Duties: _____			Reason for leaving: _____	
_____			_____	
_____			_____	
_____			_____	

Employer:		Position:	Employment Dates:	
			From:	To:
Address:				
City & Zip:		Phone:	Hourly Rate/Salary:	
			Starting:	Final:
Supervisor:				
Job Duties: _____			Reason for leaving: _____	
_____			_____	
_____			_____	
_____			_____	

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_____			_____	
_____			_____	
_____			_____	

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Address:			From:	To:
City & Zip:	Phone:		Hourly Rate/Salary:	
Supervisor:			Starting:	Final:
Job Duties: _____			Reason for leaving: _____	
_____			_____	
_____			_____	
_____			_____	

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Address:			From:	To:
City & Zip:	Phone:		Hourly Rate/Salary:	
Supervisor:			Starting:	Final:
Job Duties: _____			Reason for leaving: _____	
_____			_____	
_____			_____	
_____			_____	

Employer:		Position:	Employment Dates:	
Address:			From:	To:
City & Zip:	Phone:		Hourly Rate/Salary:	
Supervisor:			Starting:	Final:
Job Duties: _____			Reason for leaving: _____	
_____			_____	
_____			_____	
_____			_____	

If additional space is needed, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other qualifications: (Summarize special job-related skills and qualifications acquired from employment or volunteer experience.)

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

PERSONAL REFERENCES

Please list three personal references.

Name:	Telephone:
Address:	Relationship:
Name:	Telephone:
Address:	Relationship:
Name:	Telephone:
Address:	Relationship:

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 and resume for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and **Hospice Cleveland County** may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of Hospice Cleveland County. I understand that my employment is contingent upon a criminal background check, a drug screen test, Medicare Sanction list check, and as applicable, a driving record check.

Signature of Applicant

Date

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Signature of Applicant

Date

**HOSPICE CLEVELAND COUNTY
REFERENCE CHECKING**

We want you to know that reference checking is an important part of our hiring process. In addition to contacting the persons you furnished us as references, we may also contact other business associates, acquaintances and friends. We ask all references a series of questions about work experience, character, personal habits, educational background, and personality.

"I voluntarily consent to allow Hospice Cleveland County, Inc., or any of its officers, employees, or agents, to check my references by contacting any person whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character and personality."

Applicant's signature

Date

HOSPICE CLEVELAND COUNTY

I. Employment Verification

To: _____ Name	From: _____ Officer Name
_____	_____
Company	Office Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip

II. RE: _____
Applicant's Name

_____	_____
Social Security Number	Last Wage Rate or Salary
_____	_____
Employed from (Mo/Yr) to (Mo/Yr)	Supervisor's Name
Reason(s) for leaving: _____	

I authorize _____ to furnish Hospice Cleveland County, with whatever information they may have regarding my employment, including my reason(s) for leaving. I am signing this waiver voluntarily, and to request that _____ respond to this reference inquiry with full and complete information. Since this reference is an important part of my application for employment with Hospice Cleveland County, I therefore waive and release _____ from any and all claims or causes of action in law or equity, including, but not limited to, defamation of character or invasion of privacy, which might arise from responding to this reference check.

Applicant's signature

Date