

Date: _____

**APPLICATION FOR EMPLOYMENT
HOSPICE OF THE SHOALS**

PERSONAL DATA

Last name First Name Middle

Street Address

City State Zip

Previous Street Address

City State Zip

Phone () Daytime Phone () Social Security Number / /

Age: 18 or over? ☐ Yes ☐ No Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

Have you ever been convicted of a felonious crime? ☐ Yes ☐ No If yes, explain in full. _____

Note: A conviction record will not necessarily bar an individual from employment.

EMPLOYMENT DATA

Position Desired Date Available to begin Rate of pay desired

Schedule Preferred Specify days (circle)

☐ Full time ☐ Part time Sun Mon Tues Wed Thurs Fri Sat

Have you ever been discharged or forced to resign from a position? ☐ Yes ☐ No If yes, explain. _____

Can you perform all essential job functions for the job for which you are applying? ☐ Yes ☐ No

Are you a U.S. citizen? ☐ Yes ☐ No If no, do you have a work permit? ☐ Yes ☐ No

Do you have a reliable means of transportation? ☐ Yes ☐ No Driver's License Number _____

Name and phone number of person to be notified in case of accident or emergency: _____

EDUCATION RECORD

Name and location of School	Graduated	Diploma/ Degree/ License
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Technical	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications: _____

EMPLOYMENT HISTORY (List all employers, starting with present employer; attach resume, if necessary)* Include Military History

Employer		Address (City, State, Zip)	Phone No.	Supervisor
From (Mo./Yr.)	To (Mo./Yr.)	Position	Starting salary	Ending salary
Job Duties			Reason for Leaving	
Employer		Address (City, State, Zip)	Phone No.	Supervisor
From (Mo./Yr.)	To (Mo./Yr.)	Position	Starting salary	Ending salary
Job Duties			Reason for Leaving	
Employer		Address (City, State, Zip)	Phone No.	Supervisor
From (Mo./Yr.)	To (Mo./Yr.)	Position	Starting salary	Ending salary
Job Duties			Reason for Leaving	

EMPLOYMENT REFERENCES (List three references not related to you)

Name of Employer	Phone No.
Address (City, State, Zip)	Contact Person
Name of Employer	Phone No.
Address (City, State, Zip)	Contact Person
Name of Employer	Phone No.
Address (City, State, Zip)	Contact Person

AUTHORIZATION FOR RELEASE OF PRE-EMPLOYMENT INFORMATION

Employee Name: _____ Social Security Number: _____

Date of Birth: _____

To be completed by all applicants. Please read carefully before signing.

I hereby affirm that the information contained in this application and in the accompanying resume, if any, is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application will be sufficient grounds for rejection of this application or discharge after employment.

I hereby authorize Hospice of the Shoals to obtain pertinent information concerning me from former employers and schools to provide any relevant information that may be requested to arrive at an employment decision. I understand that as part of normal procedure for processing employment applications involve a routine inquiry, including general reputation, personal character and background check. I agree to such investigation and understand that I have the right to request the additional disclosures provided for in section 606 (b) of public law 91-508. I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

In the event that I become employed by Hospice of the Shoals, I agree to submit to a post offer physical before starting work. I also agree to submit to a drug test at any time deemed appropriate and as permitted by law. I consent to such a test, and I request the examining doctor disclose to Hospice of the Shoals the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug tests.

If I am accepted for employment, I will comply with all policies and procedures as set forth in the policy manuals, code of ethics, training classes and other materials of the Agency. I understand and agree that my employment will be subject to termination, with or without cause, and with or without notice, at any time, at the option of either Hospice of the Shoals or myself.

Completion of this application by me or its receipt by Hospice of the Shoals does not indicate there are any positions open and does not in any way obligate the Agency.

Applicant's Signature

Date