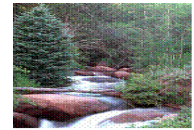


# HOSPICE OF THE PINES

Employment Application



APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone/ Cell#		Drivers License#	State of Issue _____	
Date Available		Social Security No.	Desired Salary	
Position Applied for _____ FT ___ PT ___ Per Diem ___				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony? <small>(this will not necessarily effect your chances at employment)</small>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? Yes ___ No ___				
EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
REFERENCES				
<i>Please list three professional references.</i>				
Full Name		Relationship		
Company And Address		Phone (     )		
Address				
Full Name		Relationship		
Company And Address		Phone (     )		
Address				
Full Name		Relationship		
Company And Address		Phone (     )		
Address				

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

### Physical Record

Do you have any handicap or disability that would substantially interfere with your ability to perform the essential duties of the job for which you have applied? Yes \_\_\_ No \_\_\_

If yes, what can be done to accommodate your limitations? \_\_\_\_\_

### Specialized Technical Skills (i.e. computer programs/languages, equipment operation)

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**An application form sometimes makes it difficult for an individual to adequately summarize a complete background. use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

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**APPLICANT'S STATEMENT AND SIGNATURE**

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect from time to time. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

Signature

Date