

HOSPICE FOR ALL SEASONS
Application for Employment
(Please Print)



Employment Record (continued)

Company Name _____ Salary \$ _____

Address _____ Supervisor _____

From _____ To _____ Reason for leaving _____

NOTE: Use a separate sheet to list reference contacts. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion. List at least two previous or present supervisors. Friends or family should NOT be listed.

V. References (Please do not include Relatives):

Name _____ Yrs. Known _____

Address _____

Telephone _____ Occupation _____

Name _____ Yrs. Known _____

Address _____

Telephone _____ Occupation _____

Name _____ Yrs. Known _____

Address _____

Telephone _____ Occupation _____

VI. Work Availability

If your application receives favorable consideration, when will you be available to begin working? _____

Can you work overtime? YES or NO

Can you work Overtime without prior notice? YES or NO

Can you work weekends? YES or NO

Can you travel if required? YES or NO

VII. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require? \$ _____

VIII. Person to contact in case of Emergency:

Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____ Night Phone _____

Address _____

By signing this application for employment, I agree to HFAS accessing the following information and to submitting and providing all necessary information for a criminal background check, DMV record, licensing; for 1099 candidates a copy of liability and workers compensation insurance and for medical directors and nurse practioners a copy of malpractice insurance, DEA registration and fraud and abuse background check. If any of the information I provide in this application is not truthful and I am employed by HFAS, HFAS may terminate me at any time without notice.

Signature _____ Date _____