



## Application For Employment

Agape Healthcare is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

### Personal Information

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

Are you legally entitled to work in the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If "Yes", please explain: \_\_\_\_\_

For what position are you applying? \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ per hour/week/year (circle one)

Schedule desired: ☐ Full Time ☐ Part Time Could you work overtime? ☐ Yes ☐ No

If you are hired, when can you start work? \_\_\_\_\_

Do you have reliable transportation? ☐ Yes ☐ No

## Education

### High School

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ # years completed: \_\_\_\_\_ G.P.A. \_\_\_\_\_

### College/Vocational School

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Degree or # of years completed: \_\_\_\_\_ Major: \_\_\_\_\_

### College/Vocational School

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Degree or # of years completed: \_\_\_\_\_ Major: \_\_\_\_\_

### Graduate School

School Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Degree or # of years completed: \_\_\_\_\_ Major: \_\_\_\_\_

**Do you speak a foreign language?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which languages? \_\_\_\_\_

## Employment History

**Current/Most Recent Employer:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per hr/wk/year (circle one)

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Previous Employer:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per hr/wk/year (circle one)

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Previous Employer:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per hr/wk/year (circle one)

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

**Previous Employer:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per hr/wk/year (circle one)

Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

## Professional References

Please list four references (non-relatives whom you have known for at least two years)

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Professional Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Professional Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Professional Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Professional Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Agape Hospice and Palliative Care?

\_\_\_\_ College or University      \_\_\_\_ Website or Facebook

\_\_\_\_ Recruiter or Agency      \_\_\_\_ Walk-in

\_\_\_\_ Employee: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

**Authorization**

In connection with my application for employment and as a condition of my continuing employment, I understand that investigative background inquiries may be made on me including verification of previous employment and schools, criminal convictions, motor vehicle, licensure and other reports.

I authorize Agape Healthcare to obtain the above information and I authorize my previous employers, schools, and other sources to disclose to Agape Healthcare such information about me as Agape Healthcare may request. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Agape Healthcare. I agree to release and hold harmless Agape Healthcare from all liability with respect to the receipt of such information.

This authorization shall be valid in original, fax, or copy form.

Initial: \_\_\_\_\_

**At Will Employment**

**All hiring and employment at Agape Healthcare is at will.** I understand that this application is not an employment contract, nor can it be used to create one. Employment by Agape Healthcare has no specific term and may be terminated by the employee or Agape Healthcare with or without notice. I acknowledge that Agape Healthcare, LLC has not made any promises or representations that differ from those contained in this paragraph.

Initial: \_\_\_\_\_

**Accuracy**

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Agape Healthcare and that failure to provide this evidence will result in the termination of my employment.

I verify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Agape Healthcare may be terminated.

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Applicant's Signature

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Date