HOSPICE FOR ALL SEASONS Application for Employment (Please Print)



We are an Equal Opportunity Employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, martial status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
PRESENT ADDRESS			HOME PHONE NUMBER
PERMANENT ADDRESS	G (if different than above)		CELL PHONE NUMBER

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, green card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

II. Position Applied for: _____

- 1. Is there any information we would need to know about your name or use of another name for us to be able to check your work record? Please specify.
- 2. How were you referred to Hospice For All Seasons?
- 3. Have you ever been convicted of a felony? ____YES ____NO (If yes, please explain) _____

III. Educational History

School Name/Location	# of Years Completed	Degree/Diploma
Elem./JR. High:		
High School:		
College:		
Tech. Training:		
Other:		

IV. Employment Record (Please include all employment for the last five years.)

Company Name			_ Salary \$
Address			_ Supervisor
From	То	Reason for leaving	
Company Name			_ Salary \$
Address			_ Supervisor
From	То	Reason for leaving	

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Employment Record (continued)

Company Name			Salary \$	
Address			Supervisor	
From	То	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		
	Occupation	
Name	Yrs. Known	
Address		
	Occupation	
Name	Yrs. Known	
Address		
	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____

6/24/2014