

Hometown Hospice Employment Application

Hometown Hospice 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.

Personal Data

First Name	Middle	Last	Date
Address		City	State Zip
Phone	Alternate Phone	Social Security	

Are you 18 years or older? Yes No

Do you speak any foreign languages? Yes No Languages: _____

Are you prevented from Lawfully becoming employed in this Country? Yes No

Have you ever applied to this Company before? Where? _____ When: _____

Position Preference

For what position are you applying?	Salary Desired \$ _____ per _____ Please Circle Hour/Week/Year
Schedule desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ Hours per week	Could you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	What date could you start work?
If required by this position, do you have a reliable vehicle Available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had more than 3 moving violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Education	School and Location	Degree or Years Completed	Date	Major or Subjects studied
High School				
Technical School				
College				
College				
Graduate Degree				

List any certificates earned or in progress, and/or additional training programs not included in your formal education:

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title		Reason for Leaving:	
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Position:	Hire Date:	Termination Date:
Previous Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title		Reason for Leaving:	
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Position:	Hire Date:	Termination Date:
Previous Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title		Reason for Leaving:	
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Position:	Hire Date:	Termination Date:

Professional References

Name	Title	Company	Phone	Professional Relationship

Releases and Applicant's Signature

In connections with my application for employment and as a condition of continuing employment, I understand that investigative background inquires may be made on me including previous employers, schools, criminal convictions and motor vehicle records. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so.

I hereby consent to Hometown Hospice and/or any of their agents obtaining the above information. This authorization and consent shall be valid in original, fax, or copy form.

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 Hometown Hospice, and that failure to provide this evidence will result in the termination of my employment.

Applicant's Signature

Date