

EMPLOYMENT APPLICATION



GENERAL

First Name: _____ M. Initial: _____ Last Name: _____

SSN: _____ - _____ - _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

E-Mail Address: _____

MAY WE SEND CONFIDENTIAL INFORMATION TO YOUR E-MAIL ACCOUNT: Yes No

EDUCATION – Please enter your highest level of

Education Level	Name of School	City and State	Course of Study	Did You Graduate	Degree
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
School of Nursing				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

List all training or honors which may qualify you for the position for which you have applied.

LICENS

PLEASE NOTE: The first row is required – If you do not have any licenses please mark N/A in the first row.

License/Certification	State License #	Date and Year Issued	Expiration Date	Temporary	Permanent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

WORK

List all employers beginning with the most recent. Explain any periods of unemployment not related to school.

If you are presently employed, may your employer be contacted at this time for a reference? Yes No

Please enter N/A if there is no available information to complete below. **PLEASE NOTE:** If you have a resume, the information is still required. **DO NOT ENTER "PLEASE SEE RESUME"**.

1. Most Recent Employer

Name of Company: _____ Supervisor's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Phone Number: _____ Job Title: _____

From (Mo/Yr): _____ To (Mo/Yr): _____ Ending Salary: \$ _____

Employment Status: Full Time Part Time PRN

Job Duties/Responsibilities:

Reason(s) for leaving:

2. Name of Company: _____ **Supervisor's Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Employer's Phone Number: _____ **Job Title:** _____

From (Mo/Yr): _____ **To (Mo/Yr):** _____ **Ending Salary: \$** _____

Employment Status: Full Time Part Time PRN

Job Duties/Responsibilities:

Reason(s) for leaving:

3. Name of Company: _____ **Supervisor's Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Employer's Phone Number: _____ **Job Title:** _____

From (Mo/Yr): _____ **To (Mo/Yr):** _____ **Ending Salary: \$** _____

Employment Status: **Full Time** **Part Time** **PRN**

Job Duties/Responsibilities:

Reason(s) for leaving:

4. Name of Company: _____ **Supervisor's Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Employer's Phone Number: _____ **Job Title:** _____

From (Mo/Yr): _____ **To (Mo/Yr):** _____ **Ending Salary: \$** _____

Employment Status: **Full Time** **Part Time** **PRN**

Job Duties/Responsibilities:

Reason(s) for leaving:

MILITARY

Have you ever served in the military? Yes No

If "Yes", please answer the following questions:

Branch of Service Army Navy Air Force Marines Coast Guard

Dates of Service: From _____ To _____ Rank Upon Discharge: _____

Service Occupation: _____ Were you honorably discharged Yes No

If "No", please explain:

PERSONAL

Do you have any relatives currently employed by Heartstrings Hospice? Yes No

If Yes, What is their name _____

Have you ever been disciplined or terminated by an employer? Yes No

If Yes, please explain:

Are you legally eligible for employment in the United States? Yes No

If you answer "Yes" you will be required to verify your identity and employment authorization in the event you are hired.

Have you ever been convicted of anything other than minor traffic violations or are you listed as disbarred, excluded or are otherwise ineligible to participate in federal health care programs?

Yes No If "Yes", please explain including offense(s) and date(s):

Do you have reliable transportation? Yes No

PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that the information I have given on this application is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation of fact as stated or implied, given in my application, interview(s) or any other employment document provided to me by Heartstrings Hospice may be sufficient reason not to hire me or may be investigated by Heartstrings Hospice and agree that all information furnished in this application may be investigated by Heartstrings Hospice or its authorized representative. I hereby authorize all individuals in organizations named or referred to in this application and any law enforcement organization to give Heartstrings Hospice information that relates to or is requested during an investigation and I hereby release those individuals, organizations and Heartstrings Hospice from any and all liability for any claim or damage resulting there from.

I understand that Heartstrings Hospice is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application or in any prior or subsequent oral or written statement of communication is intended to create a contract of employment or to create any rights in the nature of a contract. This application does not bind either party for a specific period of time regarding employment. I also understand that no one has the authority to enter into an agreement, contract or modification of the understandings expressed in this statement unless it is in writing and signed by the Chairperson of the Board of Directors or Administrator of Heartstrings Hospice. If hired I understand that nothing shall restrict my right as an employee or the right of Heartstrings Hospice as an employer to terminate my employment at any time for any reason.

I understand that any offer of employment is conditional on satisfactory replies from references, background investigation and physical examination, which may include blood and/or urine tests to detect the presence of illegal drugs or alcohol. Furthermore, if I am employed, I understand that I will have the right to terminate my employment at any time with or without notice and with or without cause and that Heartstrings Hospice has the same right.

I hereby acknowledge that I have read the above statements and I understand and accept them.

Applicant's Signature: _____

Date: _____

Applicants Name: _____

PLEASE NOTE: Copies of the following documents are required to complete your employment application:

- | | |
|---|--|
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Automobile Insurance Card |
| <input type="checkbox"/> Other: _____ | |