

Hospice of Orleans Employment Application

Date: _____

Personal Information:

Name _____ SS# _____
 Present Address _____ Phone: _____
 Permanent Address _____ Phone: _____

Employment Desired:

Position _____ Date able to start _____ Salary _____

Will you accept employment of:

_____ Full Time _____ Part Time _____ Temporary

Education/Training:

School	Name & Location	Major Subjects	Graduated		Degree
			Yes	No	
High School					
College					
Other (Specify)					

Areas of Specialization or Major Interest:

Professional Organization Membership, Volunteer or Community Service or other Qualifications related to position for which you are applying:

Professional Licenses/Certification:

Type	Organization of State Issued	Date Issued	Number

Employment History: (List current or most recent employer first)

Date From - To	Name, Address & Phone Number of Employer	Salary Position	Reason for Leaving

References: Give the names of three (3) persons not related to you, whom have known you at least 1 year.

Name & Relationship	Title	Company Name & Address	Telephone Number

Availability:

Are you available to work

Weekends Y N

Holidays Y N

Evenings Y N

On Call Y N

Nights Y N

Do you possess a current NY driver's license? _____

Excluding traffic infractions have you ever been charged and/or convicted of any violation of the law in any jurisdiction?

Yes No

If yes, please provide the following details:

Date of Offense: _____

Charge(s):

 Class of Offense: Felony Misdemeanor Violation

Disposition of Charge(s):

 Jurisdiction of Offense:

Applicant Certification:

I certify that the answers given on this employment application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my employment status.

I also understand that, if hired as a Hospice employee, I am required to abide by all policies, procedures, rules and regulations of the agency.

Applicant Signature

Date

Applicant Name Printed

Applicant Social Security Number