

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

DATE

NAME (LAST, FIRST)		DATE OF BIRTH	SOCIAL SECURITY NO	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO. ()	MOBILE PHONE NO. ()	HOME EMAIL ADDRESS		
REFERRED BY:				

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE TO START	SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

AVAILABILITY

ARE YOU AVAILABLE TO WORK:			
WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ON CALL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVENINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	UNSCHEDULED OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION HISTORY

	NAME AND LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	DEGREE
High School				
College				
Other (Specify)				

PROFESSIONAL LICENSES/CERTIFICATION

TYPE	ORGANIZATION OF STATE ISSUED	DATE ISSUED	NUMBER

GENERAL INFORMATION

PROFESSIONAL ORGANIZATION MEMBERSHIP, VOLUNTEER, COMMUNITY SERVICE, OR OTHER QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:
AREAS OF SPECIALIZATION OR MAJOR INTEREST:

EMPLOYMENT HISTORY

DATE MONTH AND YEAR	NAME, PHONE NUMBER & CITY OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			
FROM:			
TO:			

REFERENCES (Please provide 3) Provide complete address and/or email

NAME	TITLE/RELATIONSHIP	COMPANY NAME AND ADDRESS, EMAIL	TELEPHONE

Do you possess a current NY driver’s license? YES NO

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: _____

Charges: _____

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 volunteer 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