



Application for Employment

Date _____

PERSONAL INFORMATION

Please print clearly

Name _____
Last First Middle

Address _____
Street City State Zip

Phone # _____ Other Phone # _____

Are you 18 years of age or older..... Yes No

Have you ever been convicted of a crime..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status..... Yes No

Do you have any sensory or speech impairment..... Yes No

If yes, please explain: _____

Are communication aides needed..... Yes No

If yes, explain: _____

Do you have a non-English language preference..... Yes No

Please specify your preferred language: _____

EMPLOYMENT DESIRED

Position _____ Date you Can start _____ Salary Desired _____

Are you employed now..... Yes No

If so, may we inquire of your present employer..... Yes No

Have you ever applied for employment with us before..... Yes No

If yes, please indicate when: _____

Please specify any accommodation that you might need to accomplish this position: _____

If you are applying for an office position, do you have experience in or can you:

Type..... Yes No If yes, what speed? _____ words per minute

Take dictation..... Yes No If yes, what speed? _____ words per minute

Computer experience..... Yes No Microsoft Word Microsoft Excel Power Point

Other software? Please specify: _____

AVAILABILITY

Please write in the hours you can work below: Part Time Full Time Contract

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____ Days only Evenings

Application for Employment (cont.)

EDUCATION / TRAINING

| School | Name & Address of School | Courses Taken | Did you graduate? | Diploma, degree or certificate received |
|------------------------|--------------------------|---------------|---|---|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | |
| Vocational or Business | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | |
| Professional Education | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | |
| Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | |

PROFESSIONAL LICENSES and/or CERTIFICATES

| Type | Organization or State Issued | Date Issued | Number |
|------|------------------------------|-------------|--------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

List current employer first and others in reverse chronological order:

| Date Month and Year | Name and Address of Employer | Salary | Position | Reason for Leaving |
|------------------------|---------------------------------|--------|----------|-----------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES

Please provide the names of 3 persons not related to you, whom you have known at least one year:

| Name and Relationship | Title | Company Name / Address | Phone # |
|-----------------------|-------|------------------------|---------|
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| 3 | | | |

Application for Employment (cont.)

EMERGENCY CONTACT

Whom may we contact in case of an emergency?

Name _____ Relationship _____

Address _____ Phone # _____

NONDISCRIMINATION

A-Plus Hospice complies with Title VI of Federal Rights Act 1964, Section 504 of Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. All employment policies and practices are administered without regard to race, color, religion, sex, age, marital status, national origin, or non-job related disability. A-Plus Hospice shall not discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment. The management of A-Plus Hospice reserves the right to terminate the employment of any employee for any reason, with or without cause and with or without notice at any time and recognizes the employee's right to the same. It is our policy to provide patient care services to all qualified persons without regard to race, color, religion, sex, age, marital status, national origin, or non-job related disability.

AGREEMENT

I UNDERSTAND THAT A-Plus Hospice is a drug-free employer and reserves the right to test for illegal drug use.

I UNDERSTAND THAT if hired I will be required to follow the personnel policies and rules of A-Plus Hospice. I understand that not following the rules may lead to dismissal. I also understand that my employment may be ended for giving incorrect information on this application.

I FURTHER UNDERSTAND this application does not mean I will be hired by A-Plus Hospice. I understand that if I am employed, it will be on a probationary or trial basis according to personnel policies.

Applicant Signature

Date