

# Hospice & Palliative Care Group APPLICATION FOR EMPLOYMENT

- Hospice House  
 Palliative Home Care of Niagara  
 Niagara Hospice

**PERSONAL INFORMATION** DATE: \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Last                      First                      Middle

Present Address \_\_\_\_\_

Street                      City                      State                      Zip

Permanent Address \_\_\_\_\_

Street                      City                      State                      Zip

Phone No. \_\_\_\_\_ Are you 18 years or older Yes  No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes  No

Have you ever been convicted of a crime? \_\_\_\_\_  
If so explain: \_\_\_\_\_

In order to protect the vulnerable and compromised patient's served by this organization, you are asked to disclose whether you have ever been charged with a crime that involves:

1. \_\_\_\_\_ the illegal use or sale of drugs
2. \_\_\_\_\_ physical or mental harm to another person
3. \_\_\_\_\_ theft and or illegal possession of weapons

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_  
ACTIVITIES: (CIVIC, ATHLETIC, ETC) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY \_\_\_\_\_ PRESENT MEMBERSHIP IN \_\_\_\_\_  
NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ NATIONAL GUARD OR RESERVE \_\_\_\_\_

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

**EMPLOYMENT HISTORY: LIST EMPLOYERS FROM MOST RECENT TO PAST**

<b>EMPLOYER</b>	<b>ADDRESS/PHONE NUMBER</b>	<b>DATES TO/FROM</b>	<b>SALARY</b>	<b>DUTIES/JOB TITLE</b>
REASON FOR LEAVING:				
<b>EMPLOYER</b>	<b>ADDRESS/PHONE NUMBER</b>	<b>DATES TO/FROM</b>	<b>SALARY</b>	<b>DUTIES/JOB TITLE</b>
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<b>EMPLOYER</b>	<b>ADDRESS/PHONE NUMBER</b>	<b>DATES TO/FROM</b>	<b>SALARY</b>	<b>DUTIES/JOB TITLE</b>
REASON FOR LEAVING:				

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

<b>NAME</b>	<b>ADDRESS</b>	<b>BUSINESS</b>	<b>YEARS ACQUAINTED</b>

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS CONTINUED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIV EYOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE SIGNATURE \_\_\_\_\_