

# APPLICATION FOR EMPLOYMENT

Hospice Family Care  
PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Personal Information

Name (Last Name First) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_

## Employment Desired

Position \_\_\_\_\_

Date You Can Start \_\_\_\_\_

Salary Desired \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Ever applied to **Hospice Family Care** before? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives that are employed by this organization? Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

List \_\_\_\_\_

Name & Location of Schools	Course	Year Graduated	Degree
High School	NA	YES / NO	NA
College			
College			
Trade, Business or Correspondence School			

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK, SPECIAL TRAINING AND SKILLS, AND CURRENT LICENSES: \_\_\_\_\_

## References

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

Name	Address and Telephone	Occupation	Years known
1.			
2.			
3.			

**Job References**

Month and Year	Name, Address and Phone # of Employer	Salary	Position	Reason for Leaving
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				

.....  
 APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE

**REMARKS:**

Interviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Interviewed By; \_\_\_\_\_ Date \_\_\_\_\_

Salary/Wages: \_\_\_\_\_ Director: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_ Hired for Department: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

## **Applicant's Statement**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the executive director of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named within, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

**If you are currently employed may we inquire of your present employer Yes \_\_\_\_\_ No \_\_\_\_\_**

I acknowledge that I am willing to participate in any drug testing in accordance with Hospice Family Care policies. I will disclose to my interviewer any past criminal convictions and I acknowledge the right of Hospice Family Cares to terminate my employment in the event of any future criminal conviction.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_

Date \_\_\_\_\_