



Employment Application

Please print clearly.

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip

Phone # _____ Other Phone # _____ SS# _____

Are you 18 years of age or older? yes no

Have you ever been convicted of a crime? no yes If yes, what for, when and where?

Whom may we contact in case of an emergency? Name _____ Relationship _____

Address _____ Phone # _____

Position Applied For

RN LPN CNA Other (please specify): _____

Date you could start work: _____ Salary Desired: _____

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

If you are applying for an office position, can you:

Type? no yes If yes, what speed? _____ words per minute

Take dictation? no yes If yes, what speed? _____ words per minute

Do you have any experience with computer business software? Microsoft Word Microsoft Excel

Other software? (Please specify): _____

Have you ever applied for employment with us before? no yes If yes, when: _____

Availability

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

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

Education/Training

School	Name/ Address of School	Courses Taken	Did you graduate?	Diploma, degree or Cert. received
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
			If yes, date:	
College			<input type="checkbox"/> yes <input type="checkbox"/> no	
			If yes, date:	
Vocational or Business			<input type="checkbox"/> yes <input type="checkbox"/> no	
			If yes, date:	
Professional Education			<input type="checkbox"/> yes <input type="checkbox"/> no	
			If yes, date:	

List related professional organizations of which you are a member:

List related honors received, volunteer or community service or other qualifications:

Are you currently involved in military service?

no yes If yes, which branch: _____ Date of service: from _____ to _____

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number

References

List the names of three persons not related to you, whom you have known at least one year:

I give my permission to contact the following persons: Yes No

Name and Relationship	Title	Company Name/Address	Phone #

Employment History

List current employer first then past 10 years work history:

Company Name	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____		
Address (street, city, state, zip)	Phone	Start Salary \$ _____	End Salary \$ _____
Position/Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for Leaving			

May we contact for reference? yes no

Company Name	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____		
Address (street, city, state, zip)	Phone	Start Salary \$ _____	End Salary \$ _____
Position/Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for Leaving			

May we contact for reference? yes no

Company Name	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____		
Address (street, city, state, zip)	Phone	Start Salary \$ _____	End Salary \$ _____
Position/Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Company Name	Dates Employed From: Month _____ Year _____ To: Month _____ Year _____		
Address (street, city, state, zip)	Phone	Start Salary \$ _____	End Salary \$ _____
Position/Title	Immediate Supervisor's Name and Title		
Job Description and Responsibilities			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no			

Employment Application

I voluntarily give Auburn Crest Hospice the right to make an investigation of my past employment and information provided on this application. I agree to cooperate in the investigation and release from all liability or responsibility all persons, companies or corporations supplying information. I consent to take a post-hire physical examination and such future physical examinations as may be required by Auburn Crest Hospice, if requested.

I understand that Auburn Crest 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 Auburn Crest 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 Auburn Crest Hospice I understand that if I am employed, it will be on a probationary or trial basis according to personnel policies.

Non-discriminatory Practice and Compliance with Title VI of Federal Rights Act 1964, Section 504 of Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

The following are Auburn Crest Hospice non-discrimination policies:

Auburn Crest Hospice is firmly committed to the concept and practice of "Equal Employment Opportunity." All employment policies and practices are administered without regard to race, color, religion, sex, age, marital status, national origin, non-job related disability or sexual orientation.

Auburn Crest 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 Auburn Crest 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, non-job related disability or sexual orientation.

Applicant Signature

Date