

Comfort Hospice Care

CORPORATE HUMAN RESOURCES

EMPLOYMENT APPLICATION

All statements made by applicants on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, sexual orientation, national origin, disability, or any other protected status.

Position(s) Applied For:	Date of Application:
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How Did You Learn About Us? Advertisement Employment Agency Friend

Relative _____ Walk - In Other

Do You Have Any Relatives or Friends Employed In This Facility?

Yes No If Yes, what Department? : _____

Last Name:	First Name:	Middle Initial
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Address:	City:	State:	Zip Code:
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Telephone Number(s):	Social Security Number
Best Time To Call:	/ /

Are you over the age of 18? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed by Comfort Hospice Care? Yes No

Dates: From: _____ To: _____ Position Held _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work: _____

Are you available to work: Full Time Part Time

Shift Work Temporary

Would you consider:

Weekends and Holidays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rotating Shifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On-Call	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Shift	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Shift Preference: Days Evenings Nights

Are you subject to any restrictive covenants from prior employment such as agreements to protect confidential or proprietary information or agreement not to compete? If so, please explain _____

Have you been convicted of a misdemeanor and/or felony within the last seven (7) years? Yes No
(Conviction will not necessarily disqualify an applicant for employment.)_

If yes, please explain _____

EDUCATION

School	Name-Address-City-State	Circle Last Year Completed	Date Entered	Mo./Yr. Graduated	Degree	Major or Course of Study
Grade		1 2 3 4 5 6 7 8				
High School		9 10 11 12 GED <input type="checkbox"/>				
College		1 2 3 4				
Graduate		1 2 3 4				
Business College Vocational School		1 2 3 4				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

Are You Currently:

Registered Licensed Certified

Are You Eligible For:

Registration Licensure Certification

Type	State Issued	Date	Number

Did you serve in the Armed Services?

Yes No

What Branch? _____

Have you volunteered your time or services?

Yes No

Where? _____

Briefly describe duties and skills acquired through volunteer or military service:
(including dates) _____

EMPLOYMENT EXPERIENCE

List Name, Address and Phone Number of Previous Employers with Most Recent Employer First	From:	To:	Immediate Supervisor	LAST SALARY Hourly, Monthly, or Yearly
Job Title:				
Employer Name:			Phone:	
Address:				
Duties:				
Reason for Leaving:				
Job Title:				
Employer Name:			Phone:	
Address:				
Duties:				
Reason for Leaving:				
Job Title:				
Employer Name:			Phone:	
Address:				
Duties:				
Reason for Leaving:				
Job Title:				
Employer Name:			Phone:	
Address:				
Duties:				
Reason for Leaving:				

State if you do not want us to contact any of the above listed former employers and the reason you do not want each contacted.

Can we run a detailed employment check, including but not limited to a check, with your previous employer?
 Yes No

 Please sign here to authorize reference check

 Date

List at least three (4) references who are not relatives or employers:

Name and Relationship	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

Job Applicants Agreement and Certification

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Comfort Hospice Care and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Comfort Hospice Care unless made in writing. If an employment relationship is established, I understand that I have the right to terminate any employment at any time and that Comfort Hospice Care retains the same right.”

I understand that prior to being offered employment with Comfort Hospice Care. I may be requested to take an employment examination. In the event that I have a disability which will affect my ability to take the test, I will so inform Comfort Hospice Care prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Comfort Hospice Care reserves the right to require medical documentation concerning the need for accommodation.”

“I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or in part, at any time.”

“I understand that this application will be kept on active file for 6 months from the date completed, after that time I would have to reapply to accordance with established company procedures.”

Signed _____ Date _____

Signature of Applicant Date