

CHERISH HOSPICE
APPLICATION FOR EMPLOYMENT

CONFIDENTIAL
(PLEASE PRINT CLEARLY)

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however, it receipt does not imply that the applicant will be employed.

I- Personal Information

Name	
Present Address	
Social Security Number	
Home Phone	
Cell Number	

If you cannot be reached at above phone number, where may we contact you?

Name of person	
Phone	

If not a US citizen, do you have the legal right to remain permanently and work in the U.S.?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
Immigration #	

II- Education

Information	High School	College	Others
Name of School			
City, State			
Diploma, Degree or Certificate			
Year Completed			

III- Professional Licenses and/ or Certifications

Type	Organization or State Issued	Number	Expiration Date

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IV- Employment Record (List last or present position first)

Employer Name	City, State	From - To	Position	Reason for Leaving
Do you consider yourself to be able to perform all of the duties required by the jobs for which you are making application without endangering yourself, other employees or patients?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:				

V- Position Applying For

Primary Position Desired	
Days Available	
Time (From – To) Available	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Hours per Week Available	
Have you ever worked for this company before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 18 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your present employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why?	
Have you ever been convicted of a felony or crime within the last five years, a misdemeanor which resulted in imprisonment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain fully: for what, when and where?	

VI- Attestation – Signature

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I consent to take the pre-employment physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that a photograph may be required after employment.

I understand that I will be required to follow the personnel policies and rules of the institution and that infraction of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on the application form.

I further understand that this institution follows the “fair employment practice code” and there is no discrimination in the hiring of individuals based on sex, race, religion, age, color, disability, marital status, national origin, ancestry, or physical or mental handicap unrelated to ability to perform the work required.

I understand that if I am employed, it will be on a probationary or trial basis for the period of 90 days. Upon termination, I authorize the release of reference information on my work.

I authorize the applicable State Board to release all pertinent information regarding my professional license.

Applicant Signature	Date
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