

Hospice of the Carolina Foothills APPLICATION FOR EMPLOYMENT

Date: _____

 Last Name First Name Middle Name

Address: _____

City: _____ State _____ Zip code _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ Email address _____

Job(s) for which you are applying (Specific titles)

(1) _____ (2) _____ (3) _____

Please indicate referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office:

Are you legally qualified to work in the United States? _____ Yes _____ No

Please provide 3 professional references (name, address, phone number):

1. _____
2. _____
3. _____

Education:

	Name and Location	Dates attended	Type of Degree
High School:	_____	From _____ To _____	_____
College(s):	_____	_____	_____
Graduate or Professional:	_____	_____	_____
Vocational schools or internships:	_____	_____	_____

Special training programs and seminars attended in the last five years: _____

Current Professional Status: (List fields of work for which you have been registered:

Registration: _____ State: _____ No: _____

Registration: _____ State: _____ No: _____

Membership in professional, honorary, or technical societies (list):

License and certifications (give dates and sources of issuance): _____

CHECK the following **SKILL, EXPERIENCE**, etc. which you have:

- () Driver's license State: _____ () Sign Language () Braille
() Chauffeurs license State: _____ () Car for use at work
() Foreign Language: _____
() Word processing skills () Typing (wpm): _____ () Adding machine/calculator
() Shorthand/speedwriting (wpm): _____
() Legal/medical transcription
() Other: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relations to the job for which you are applying)

YES: _____ NO: _____ (If yes, explain fully on an additional sheet.)

WORK HISTORY: (include volunteer experience) (use additional sheets if necessary)

Current or last employer: _____ Address: _____

Job title _____ Supervisor's name _____ Phone No. _____

No. supervised by you _____ Date employed _____ Date separated _____

Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____

Reason for leaving _____ May we contact employer? _____

List major duties in order of their importance to the job: _____

Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

Employer: _____ Address: _____

Job title _____ Supervisor's name _____ Phone No. _____

No. supervised by you _____ Date employed _____ Date separated _____

Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____

Reason for leaving _____ May we contact employer? _____

List major duties in order of their importance to the job: _____

Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

Employer: _____ Address: _____

Job title _____ Supervisor's name _____ Phone No. _____

No. supervised by you _____ Date employed _____ Date separated _____

Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____

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Employer: _____ Address: _____

Job title _____ Supervisor's name _____ Phone No. _____

No. supervised by you _____ Date employed _____ Date separated _____

Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____

Reason for leaving _____ May we contact employer? _____

List major duties in order of their importance to the job: _____

Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provide in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature: _____ Date: _____