



Hearts for Hospice & Home Health

DRUG-FREE WORKPLACE
All employees are subject to drug and alcohol testing procedures permitted under federal and state law.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION					
Name (Last, First, Middle)				Contact Phone Number	
Street Address					
City		State		ZIP	Email Address
Position(s) interested in?					
Salary Requirements \$ _____ Hour/Year (Circle One)				Are you under the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, state your age _____	
Have you worked for this company before? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, when and where _____					
If hired, can you supply proof that you are legally entitled to work in the United States for any employer? <input type="checkbox"/> yes <input type="checkbox"/> no					
Do you have friends or relatives working for us? <input type="checkbox"/> yes <input type="checkbox"/> no If so, who _____					
Type of employment you seek: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem (PRN) <input type="checkbox"/> Temporary					
Hours you can work: <input type="checkbox"/> Anytime <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends					
EDUCATION					
Type of School	Name of School	Location of School	Area of Study	Last Year Completed	Did You Earn a Degree or Diploma?
High School				1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no
College				1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no
Graduate				1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no
Other				1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no

EMPLOYMENT

BEGINNING WITH YOUR MOST RECENT EMPLOYER, LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT. Please account for all periods of unemployment. All sections of this application must be complete even if a resume is attached.

If you are presently employed, may we contact your employer for references? yes no
May we contact you at your place of employment? yes no

Name of present or last employer	Job Title / Responsibilities	From (Mo. & Yr.)	To (Mo. & Yr.)
Address	Was your position <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Supervisor Name & Phone Number	

City, State, ZIP	Reason for leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Please explain:	Starting Salary \$ _____	
Phone Number ()		Ending Salary \$ _____	
Name of previous employer	Job Title / Responsibilities Was your position <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From (Mo. & Yr.)	To (Mo. & Yr.)
Address		Supervisor Name & Phone Number	
City, State, ZIP	Reason for leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Please explain:	Starting Salary \$ _____	
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Address		Supervisor Name & Phone Number	
City, State, ZIP	Reason for leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Please explain:	Starting Salary \$ _____	
Phone Number ()		Ending Salary \$ _____	

AN EQUAL OPPORTUNITY EMPLOYER

The Company is an Equal Opportunity Employer and does not discriminate in making employment decisions based upon race, color, sex, religion, national origin, age, disability, marital status, sexual orientation, veteran or military status, or any other protected class.

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand that the Company may contact the past employers and/or personal references I have provided to verify my past employment and work record. I authorize all past and current employers, educational institutions, government agencies, and/or personal references to release any and all information concerning my past employment work history, performance, and personal character. I hereby release all such employers, educators, personal references, and the Company from any and all liability resulting from damages I may incur in the reference verification process. I understand that my employment or continued employment is contingent upon my successfully completing reference and background checks.

I also understand that if employed by the Company, my employment is "at-will" and can be terminated at any time for any reason either by myself or the Company. This agreement cannot be modified by any representative of the Company either in writing or verbally.

Finally, I understand it is unlawful for the Company to employ anyone who is neither a citizen of the U.S. nor an alien authorized to work in the U.S. I certify that any U.S. citizenship/work authorization information I provide to the Company is authentic. Further, I certify that all information I have provided on this application is accurate. False information or omission of facts on this application may result in the termination of my employment with the Company.

Applicant's Signature

Date

Thank you for your interest and the time you have taken to submit this application.