

# Hospice of Green Country Employment Application

Hospice of Green Country is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

## Personal Data

<b>First Name</b>	<b>Middle</b>	<b>Last</b>	<b>Date</b>
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Phone</b>	<b>Alternate Phone</b>		<b>Social Security</b>

Do you speak any foreign languages?     Yes     No    Languages: \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No

If "yes", please explain: \_\_\_\_\_

How were you referred to Hospice of Green Country? Please check the most appropriate response.

- Advertisement                       Recruiter/Agency     Employee \_\_\_\_\_  
 College/University/Technical School     Walk-in     Other: \_\_\_\_\_

## Position Preferences

<b>For what position are you applying?</b>	Salary Desired                      Please Circle \$                                              per Hour/Week/Year
Can you perform the essential functions of the position for which you are applying? <input type="radio"/> Yes <input type="radio"/> No    If no, please explain: _____	
Schedule desired: <input type="radio"/> Full time <input type="radio"/> Part time    _____ Hours per week	Could you work overtime? <input type="radio"/> Yes <input type="radio"/> No
Are you currently employed? <input type="radio"/> Yes <input type="radio"/> No	What date could you start work?
Do you have reliable transportation for home visits? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	Have you had more than 3 moving violations in the past

## Education

Education	School and Location	Degree or Years Completed	Date	Major or Subjects studied	Grade Point Average
High School					
Technical School					
College					
College					
Graduate Degree					

List any certificates earned or in progress, and/or any additional training programs not included in your formal education:

\_\_\_\_\_

\_\_\_\_\_

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

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## Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title:		Reason for Leaving:	
May we contact Employer?	Your Position:	Hire Date:	Termination Date:
Previous Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title:		Reason for Leaving:	
May we contact Employer?	Your Position:	Hire Date:	Termination Date:
Previous Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title:		Reason for Leaving:	
May we contact Employer?	Your Position:	Hire Date:	Termination Date:
Previous Employer:	Address, City, State	Phone:	Salary:
Supervisor Name and Title:		Reason for Leaving:	
May we contact Employer?	Your Position:	Hire Date:	Termination Date:

## Professional References

Name	Title	Company	Phone	Professional Relationship

## Releases and Applicant's Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Hospice of Green Country, and that failure to provide this evidence will result in the termination of my employment.

I understand that if offered a position with HGC, I may be required to submit to drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to HGC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY CHECKING THE BOX, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

**Submitt**       **Reset**