

# EMPLOYMENT APPLICATION



POSITION APPLIED FOR \_\_\_\_\_

FIRST NAME MI LAST NAME SOCIAL SECURITY NUMBER

ADDRESS CITY STATE ZIP CODE

COUNTY CELL PHONE DAYTIME PHONE EMAIL

## EDUCATION

	HIGH SCHOOL	VOCATIONAL/TECHNICAL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME & LOCATION				
DID YOU GRADUATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATES ATTENDED				
CREDIT HOURS				
DEGREE TYPE				
COURSE OF STUDY/MAJOR				

## SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess (typing / wpm, shorthand, business machines, professional equipment, etc.).

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

## GENERAL INFORMATION

PLEASE ANSWER ALL QUESTIONS.

Are you a former employee of Hospice & Home Care of Alexander County, Inc. d/b/a Alexander Hospice?  YES  NO

If yes, indicate Department and date separated:

Are you related by blood or marriage to any person currently employed by Hospice & Home Care of Alexander County, Inc.  YES  NO

If yes, indicate Name, Department & Relationship:

Have you ever worked under another name? (Used to verify work experience, education, etc.)  YES  NO

If yes, please list:

Are you legally eligible to work in the United States?  YES  NO

Have you lived in North Carolina for less than five (5) years?  YES  NO

Do you have a valid driver's license? If yes, indicate state of issuance and DL#:  YES  NO

Have you ever been convicted of any unlawful offenses, other than a minor traffic violation?  YES  NO

If yes, please explain fully on separate sheet. *NOTE: A conviction record with not necessarily exclude you from employment.*

*Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.*

When will you be available to work (mo/day/yr)?

# EMPLOYMENT HISTORY

EMPLOYER (CURRENT OR MOST RECENT)

ADDRESS

PHONE

JOB TITLE

SUPERVISOR'S NAME & TITLE

NUMBER SUPERVISED BY YOU

DATE EMPLOYED (MO/YR): \_\_\_\_\_

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER?

DATE SEPERATED (MO/YR): \_\_\_\_\_

ENDING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_

YES  NO

FULL-TIME: \_\_\_\_ # YEARS \_\_\_\_ # MONTHS

PART-TIME: \_\_\_\_ # YEARS \_\_\_\_ # MONTHS

If part-time, indicate # of hours worked per week: \_\_\_\_

REASON FOR LEAVING/WANTING TO LEAVE:

DESCRIPTION OF WORK:

## CERTIFICATION

**I certify** that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligiblilty to work in the United States. A background check of my driving, criminal, credit or other records may be conducted before employment. I permit Hospice & Home Care of Alexander County, Inc. to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

**I authorize** any and all of my current and previous employers, including the US Government or US Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Hospice & Home Care of Alexander County, Inc. with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of federal or state law, I also waive any right I may have to review confidential material or information received by Hospice & Home Care of Alexander County, Inc. from a person, employer, or institution.

**I understand** that Hospice & Home Care of Alexander County, Inc. is a drug free workplace and that I may be required to pass a drug urinalysis test, and must have health verification form signed by a physician, before I may be employed by Hospice & Home Care of Alexander County, Inc.

**I certify** that if I am a male between the ages of 18 and 26, I am aware of and in compliances with all applicable registration requirements of the Military Selective Service Act.

SIGNATURE OF APPLICANT (Unsigned applications will not be processed.)

DATE