A picture containing company name

Description automatically generated

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION** **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| NAME (LAST, FIRST) | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| HOME PHONE NO.  ( ) | MOBILE PHONE NO.  ( ) | HOME EMAIL ADDRESS | | | |
| REFERRED BY: | | | | | |

**EMPLOYMENT DESIRED**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION | | | | | DATE AVAILABLE TO START | | SALARY DESIRED | | | |
| ARE YOU EMPLOYED? | * YES | | * NO | | | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | * YES | | * NO |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? | | * YES | | * NO | | WHERE? | | | WHEN? | |

**AVAILABILITY**

|  |  |
| --- | --- |
| ARE YOU AVAILABLE TO WORK: | |
| WEEKENDS? YES NO | ON CALL? YES NO |
| HOLIDAYS? YES NO | NIGHTS? YES NO |
| EVENINGS? YES NO | UNSCHEDULED OVERTIME? YES NO |

**EDUCATION HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME AND LOCATION | MAJOR SUBJECTS | DID YOU GRADUATE? | DEGREE |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other (Specify) |  |  |  |  |

**PROFESSIONAL LICENSES/CERTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE | ORGANIZATION OF STATE ISSUED | DATE ISSUED | NUMBER |
|  |  |  |  |
|  |  |  |  |

**GENERAL INFORMATION**

|  |
| --- |
| PROFESSIONAL ORGANIZATION MEMBERSHIP, VOLUNTEER, COMMUNITY SERVICE, OR OTHER QUALIFICATIONS RELATED  TO THE POSITION FOR WHICH YOU ARE APPLYING: |
|  |
|  |
| AREAS OF SPECIALIZATION OR MAJOR INTEREST: |
|  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE  MONTH AND YEAR | NAME, PHONE NUMBER & CITY OF EMPLOYER | POSITION | REASON FOR LEAVING |
| FROM: |  |  |  |
| TO: |  |  |  |
| FROM: |  |  |  |
| TO: |  |  |  |
| FROM: |  |  |  |
| TO: |  |  |  |
| FROM: |  |  |  |
| TO: |  |  |  |

**REFERENCES (Please provide 3) Provide complete address and/or email**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | TITLE/RELATIONSHIP | COMPANY NAME AND ADDRESS, EMAIL | TELEPHONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Do you possess a current NY driver’s license? YES NO

EXCLUDING TRAFFIC INFRACTIONS, have you ever been charged and/or convicted of any violation of the law in any jurisdiction? YES NO

If yes, please provide the following details:

Date of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of offense: FELONY MISDEMEANOR VIOLATION

Disposition of charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jurisdiction of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT CERTIFICATION:**

I certify that the answers given on this employment application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my volunteer status.

I also understand that, if hired as a Hospice employee, I am required to abide by all policies, procedures, rules, and regulations of the agency.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Signature |  | Date |

Revised 5/2022