

 **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 RELATEDTO THE POSITION FOR WHICH YOU ARE APPLYING: |
|  |
|  |
| AREAS OF SPECIALIZATION OR MAJOR INTEREST: |
|  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| DATEMONTH 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