



## Application for Employment

Name (First): \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ (Circle) Full Time/ Part Time

Available for Weekends? Yes/ No

Graveyard Shift? Yes/ No

How did you hear about opening: \_\_\_\_\_

Have you ever been convicted of a crime? Yes/ No

If yes, explain number of conviction(s), nature of offense leading to conviction, how recently offense occurred, sentence imposed, and type of rehabilitation.

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Professional License Number/Type: \_\_\_\_\_

Expiration Date of License: \_\_\_\_\_

Basic Life Certified? Yes/No Expiration Date: \_\_\_\_\_

Advanced Life Support Certified? Yes/ No Expiration Date: \_\_\_\_\_

Tuberculosis Test Performed in Last Year? Yes/No Expiration Date: \_\_\_\_\_

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### **Education:**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Trade/ Vocational School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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**Work Experience:**

Most Recent Employer First

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ May We Contact: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ May We Contact: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_ May We Contact: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Work Related References**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Application Terms of Agreement:

I certify that the information in this application is true and correct to the best of my knowledge and agree to have any of the statements checked and verified by Hospice at Home of Arizona unless I have indicated otherwise. I authorize the references listed above to provide Hospice at Home any and all pertinent information concerning my previous employment. Further, I release all parties and persons from any and all liability from furnishing information to Hospice at Home that may result in not obtaining employment. I understand that any misrepresentation, falsification or material omission of information on this application may result in failure to receive an offer of employment, or if hired, in my dismissal from employment. In consideration of my employment, I agree that my employment and compensation with Hospice at Home is at will, with or without cause, with or without notice, may be terminated either at my option or the option of the company.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_