



# Employment Application

Crater Community Hospice (CCH) is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip

Phone Number (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ email address: \_\_\_\_\_

Position Sought \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(If offered employment with CCH, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (circle one) 1 2 3 4 **Diploma:** \_\_\_ Yes \_\_\_ No **G.E.D.:** \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 60 days only.  
Consideration for employment after 60 days requires a new application.**

**SKILLS:**

Office: Microsoft Windows: Word \_\_\_\_\_ Excel \_\_\_\_\_ Power Point \_\_\_\_\_ Other \_\_\_\_\_

Types \_\_\_\_\_ wpm Other Software Skills \_\_\_\_\_

Have you ever been employed by CCH? \_\_\_ Yes \_\_\_ No If so, dates \_\_\_\_\_

**EMPLOYMENT HISTORY:** List last employer first, including U.S. Military Service for at least the last 10 years.

May we contact your present employer?  Yes  No

If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ # of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ # of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ # of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Telephone \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ # of Hrs. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, explain: \_\_\_\_\_

**RECORD OF CONVICTION**

Have you ever been convicted of a crime other than minor traffic offense? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_  
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**REFERENCES:**

**Professional**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal**

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above Employment Application are true and complete to the best of my knowledge and I authorize Crater Community Hospice to verify their accuracy and to obtain reference information on my work performance. I hereby release Crater Community Hospice from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Crater Community Hospice. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at-will and that either I or Crater Community Hospice may terminate my employment at any time with or without notice or cause.

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

**FOR OFFICE USE ONLY**

Interviewed \_\_\_\_ Yes \_\_\_\_ No If yes, date of interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Employment Offered? \_\_\_\_ Yes \_\_\_\_ No If yes, offer date \_\_\_\_\_ Offered by \_\_\_\_\_

If no, reason for no offer \_\_\_\_\_