



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 _____ 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 GED: 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.)

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

Supervisor _____ Department _____

Duties _____ FT ____ PT ____ # of Hrs. _____

Reason for Leaving _____

Employer _____ Position _____

Address _____

Dates of Employment: From _____ To _____ Telephone _____
Mo/Yr Mo/Yr

Supervisor _____ Department _____

Duties _____ FT ____ PT ____ # of Hrs. _____

Reason for Leaving _____

Employer _____ Position _____

Address _____

Dates of Employment: From _____ To _____ Telephone _____
Mo/Yr Mo/Yr

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: _____

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: _____

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

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 _____