

## Seasons Hospice Employment Application Instructions

Seasons Hospice considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, creed, disability, status with regard to public assistance, sexual orientation, or any other legally protected status. Seasons Hospice maintains applications for six months. However, if you have changes in your employment history, address, or phone number, you will need to complete a new application. Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough space on this application. **PLEASE PRINT**, except for signature on back of application.

### AVAILABILITY

Date of Application: \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Desired Schedule: Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Supplemental \_\_\_\_\_

Desired Shifts: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ Weekend \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you a citizen of the United States or do you have a valid work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

### GENERAL

How did you hear about this job? \_\_\_\_\_

Have you ever been employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Have you ever applied here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date(s) and details.  
\_\_\_\_\_

A conviction record will not necessarily be a bar to employment.

Have you had your driver's license suspended or revoked in the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have reliable transportation for the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION**

Name, Address and Location of School	Highest Grade Completed	Did you graduate?
High School: _____ (or date GED completed)		
College of University: _____ Address: _____ College Major: _____ Degree: _____		
College of University: _____ Address: _____ College Major: _____ Degree: _____		
College of University: _____ Address: _____ College Major: _____ Degree: _____		
Additional Educational and/or Vocational or Technical Training Information	Courses Taken	Did you complete?
School: _____ Address: _____		
School: _____ Address: _____		
School: _____ Address: _____		

Current Professional License or Registration Number \_\_\_\_\_

Home Health Aide Certificate: \_\_\_\_\_ Yes \_\_\_\_\_ No

Continuing Education Units current to date. Number: \_\_\_\_\_

PHN Certification \_\_\_\_\_

Advanced Certification \_\_\_\_\_

Other: Type: \_\_\_\_\_

Number: \_\_\_\_\_

**WORK HISTORY**

List names of employers in consecutive order, with most recent listed first. Account for **all periods of time** including military service and any period of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer: Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed From _____ (MO/yr.) To _____ (MO/yr.)	Pay: Start _____ Final _____
Title: Duties:	Reason for Leaving:  May we contact? _____ Yes _____ No		
Name of Employer: Address: City, State, Zip Code: Telephone:	Name of Last Supervisor:	Employed From _____ (MO/yr.) To _____ (MO/yr.)	Pay: Start _____ Final _____
Title: Duties:	Reason for Leaving:  May we contact? _____ Yes _____ No		

Name of Employer: Address: City, State, Zip Code:  Telephone:	Name of Last Supervisor:	Employed From _____ (MO/yr.)  To _____ (MO/yr.)	Pay: Start _____  Final _____
Title: Duties:	Reason for Leaving:  May we contact?      Yes      No		
Name of Employer: Address: City, State, Zip Code:  Telephone:	Name of Last Supervisor:	Employed From _____ (MO/yr.)  To _____ (MO/yr.)	Pay: Start _____  Final _____
Title: Duties:	Reason for Leaving:  May we contact?      Yes      No		
Name of Employer: Address: City, State, Zip Code:  Telephone:	Name of Last Supervisor:	Employed From _____ (MO/yr.)  To _____ (MO/yr.)	Pay: Start _____  Final _____
Title: Duties:	Reason for Leaving:  May we contact?      Yes      No		

If any of the above included military service, please indicate the type of discharge.

Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ General \_\_\_\_\_

Is any additional information relative to change of name, use of assumed name of nickname necessary to enable us to check your work record? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please explain.

**SPECIAL SKILLS (Including Volunteer Experience)**

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**REFERENCES**

Give five professional work related references

Name	Address	Phone	Occupation
1.			
2.			
3.			
4.			
5.			

**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of the termination. I authorize the company to deduct from my final paycheck(s) all monies due and owing to the company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date