



# Hospice of Washington County

## Employment Application

Date: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: (    ) \_\_\_\_\_ Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security # \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Type of employment desired    Full Time     Part Time     Temporary     Contract

If necessary, best time to contact you \_\_\_\_\_

Professional License / Certification: \_\_\_\_\_  
*Type Number Expiration Date*

Position you are applying for: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

YES     NO     I need more information about the job's "essential functions" to respond.

Are you a citizen of the United States?    YES     NO     If no, are you authorized to work in the U.S.?    YES     NO

Have you ever been employed here before?    YES     NO     List all states you have worked in over the past 10 years: \_\_\_\_\_

Have you ever been bonded?    YES     NO

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime.    YES     NO

If yes, please provide date(s) and details: \_\_\_\_\_

## References

*Please list three professional references who are not related to you.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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### Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing	Years: _____	Internet	Years: _____
Spreadsheet	Years: _____	Other	Years: _____
Presentation	Years: _____	Other	Years: _____
E-mail	Years: _____	Other	Years: _____

To what job-related organizations (professional, trade, etc.) do you belong?

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List special accomplishments, publications, awards, etc.

Is there any other job-related information you want us to know about you?

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**COMPLETE THE FOLLOWING INFORMATION OR ATTACH A CURRENT RESUME**

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Previous Employment (Starting with your most recent employer)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

If this application leads to employment, I understand that any information provided by me in my application or interview that is found to be false, incomplete or misleading, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_