



APPLICATION FOR EMPLOYMENT

Hospice of Redmond is an equal opportunity employer. Hospice of Redmond does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Cell Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Can you work any shift? Yes No If no, explain: _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

WORK DESIRED & AVAILABILITY

Hospice of Redmond considers your application only for the specific job and may not retain the application. Future openings may require a new application.

Job applied for: _____ Full-time Part-time On-Call

The nature of hospice business requires that employees maintain regular attendance and workday, evening and night shifts. If for any reason you would not be present regularly during any of these shifts, please indicate which shifts you cannot work regularly.

REFERRAL SOURCE

How did you hear about us? Walk In ____ Advertisement ____ Referral ____ Other ____

EDUCATION

Name, Type and Location of School	Academic, Major Skills or Trade	Degree, Diploma or Certificate

PROFESSIONAL REGISTRATION/LICENSURE

Type of Registration or License	State Number	Expiration Date

Have you ever had your license revoked or suspended in any state? _____ If so, for what reason? _____

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Resume can be used for much of this information, please complete anything not included on your resume.*

Are you currently employed? ____ If so, may we contact your present employer? _____

Employer name, address, phone # and Supervisors Name	Dates Employed (mm/yy – mm/yy)	Job Duties	Reason for leaving
	Position		

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Have you ever been terminated from employment or asked to resign by an employer? ___ Yes
 ___ No. **If yes**, please provide company names and details _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Hospice of Redmond to hire me. If I am hired, I understand that either Hospice of Redmond or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Hospice of Redmond has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Hospice of Redmond true and complete information on this application. No requested information has been concealed. I authorize Hospice of Redmond to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.