

HOSPICE OF RUTHERFORD COUNTY, INC STAFF APPLICATION

DATE: _____

Please print or type SSN (*voluntary, for record keeping and data processing, only*) _____

 Last First Middle Maiden

Address: _____

City: _____ State _____ Zip code _____

Phone (home) _____ Phone (work) _____

Job(s) for which you are applying (Specific titles)

(1) _____ (2) _____ (3) _____

Please indicate referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office:

Are you qualified to work in the United States? _____ Yes _____ No

References:

1. _____
2. _____
3. _____

Education:

Schools:	Name and Location	Dates attended		Type of Degree
		From	To	
High School:	_____	_____	_____	_____
College(s):	_____	_____	_____	_____
Graduate or Professional:	_____	_____	_____	_____
Other educational. Vocational schools Or internships:	_____	_____	_____	_____

Special training programs and seminars attended in the last five years: _____

If the job applied for requires specific courses, indicate those courses taken and credits received:

Current Professional Status: (List fields of work for which you have been registered:

Registration: _____ State: _____ No: _____

Registration: _____ State: _____ No: _____

Membership in professional, honorary, or technical societies (list): _____

License and certifications (list, give dates and sources of issuance):

CHECK the following **SKILL, EXPERIENCE**, etc which you have:

____ Driver's license No: _____ State: _____ Sign Language _____
____ Chauffeurs license No: _____ State: _____ Foreign Language _____
____ Car for use at work Adding machine/calculator: _____ Typing (wpm): _____
Shorthand/speedwriting (wpm): _____ Legal/Medical transcription: _____
Word processing skills: _____ Braille skills: _____ Other: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relations to the job for which you are applying)

YES: _____ NO: _____ (If yes, explain fully on an additional sheet.)

WORK HISTORY: (include volunteer experience) (use additional sheets if necessary)

Current or last employer: _____ Address: _____
Job title _____ Supervisor's name _____ Phone No. _____
No. supervised by you _____ Date employed _____ Date separated _____
Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____
Reason for leaving _____ May we contact employer? _____
List major duties in order of their importance to the job: _____
Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

Employer: _____ Address: _____
Job title _____ Supervisor's name _____ Phone No. _____
No. supervised by you _____ Date employed _____ Date separated _____
Starting salary: \$ _____ per _____ Ending or current salary \$ _____ per _____
Reason for leaving _____ May we contact employer? _____
List major duties in order of their importance to the job: _____
Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

Employer: _____ Address: _____
Job title _____ Supervisor's name _____ Phone No. _____
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List major duties in order of their importance to the job: _____
Full time: Years: _____ Months: _____ Part-time Years: _____ Months: _____ Hours worked per week: _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event in employed, I understand that any false or misleading information I knowingly provide in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature: _____ Date: _____

