

- Hospice of Medina County Hospice of Medina County at the Inn
 BridgesHome Health Care Barberton Hospice and Palliative Care

EMPLOYMENT APPLICATION

* Hospice is an Equal Opportunity Employer *

Date _____

PERSONAL INFORMATION

Name _____

Phone _____ Social Security # _____ 18? or over Y N

Present address _____ How long? _____

Previous address _____ How long? _____

U.S. Citizen? Y N Convicted of a felony? Y N _____

Have you ever been sanctioned from the Medicare program? Y N _____

DESIRED INFORMATION

Position applied for _____ Full time _____ Part time _____

Applied previously? Y N When? _____ Referred By _____

Date available to begin _____ Salary desired _____

Hours available to work _____ Own transportation? Y N

EDUCATION AND TRAINING

High School: name and city _____ Graduated? Y N

College: name and city _____ Major _____

Graduated? Y N When? _____ Degree _____

Graduate school: name and city _____ Major _____

Graduated? Y N When? _____ Degree _____

Special training: name of institution and city _____

Graduated? Y N When? _____ License? _____

Area of specialty _____

Enrolled in school now or planning to? Y N Plans _____

PRESENT AND FORMER EMPLOYERS

List last three employers, starting with the present or most recent:

1. Name _____ From _____ To _____
Full Address _____ Phone _____
Supervisor _____ May we contact him/her? Y N
Job title _____ Wage or Salary _____
Description of work _____

Reason for leaving _____

2. Name _____ From _____ To _____
Full Address _____ Phone _____
Supervisor _____ May we contact him/her? Y N
Job title _____ Wage or Salary _____
Description of work _____

Reason for leaving _____

3. Name _____ From _____ To _____
Full Address _____ Phone _____
Supervisor _____ May we contact him/her? Y N
Job title _____ Wage or Salary _____
Description of work _____

Reason for leaving _____

Ever been fired or asked to resign? Y N _____

PERSONAL REFERENCES (excluding relatives or former employers)

1. Name _____ Phone _____
Address _____ Relationship _____
2. Name _____ Phone _____
Address _____ Relationship _____
3. Name _____ Phone _____
Address _____ Relationship _____
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MILITARY RECORD

Branch of service _____ From _____ To _____ Rank _____
Description of duties _____

APPLICANT'S GENERAL COMMENTS

I certify that the above answers are correct to the best of my knowledge. I understand that any misrepresentation or omission of information can be cause for rejection of this application or cause for dismissal from employment.

I understand that, if hired, my employment is for no definite period of time and may be terminated at any time without prior notice.

Applicant signature _____ **Date** _____