



Employment Application

Legacy Hospice is an Equal Opportunity Employer

Hospice Location _____ Position Desired _____ Date _____

When Available _____ Full Time _____ Part Time _____ PRN _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Business Number (_____) _____

S.S. Number _____ Professional License No. _____

Driver's License Number _____ Auto Liability Coverage? Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a criminal offense? Yes No

Date _____ Place _____ If yes, explain _____

Do you have a spouse, child, parent or sibling employed by Legacy Hospice? Yes No

If yes, office location: _____ Employee's title: _____

List any professional credential, certifications and licenses held which you feel are pertinent to the position for which you are applying: _____

EDUCATION	NAME & LOCATION	YEARS COMPLETED	DEGREE/CERTIFICATE PURSUED
High School			
College			
Trade/Business School			

EMPLOYMENT EXPERIENCE

List most recent first

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. ()	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. ()	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. ()	
DUTIES			
REASON FOR LEAVING			

PROFESSIONAL REFERENCES

Do not list relatives

NAME	JOB TITLE	COMPANY
ADDRESS	CITY	STATE & ZIP
TELEPHONE NUMBER DAY ()	EVENING ()	
WORK RELATIONSHIP TO REFERENCE		

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ADDRESS	CITY	STATE & ZIP
TELEPHONE NUMBER DAY ()	EVENING ()	
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WORK RELATIONSHIP TO REFERENCE		

APPLICANT CONSENT (Please read the following statements carefully)

This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age or disability.

Legacy Hospice is committed to protecting the safety and welfare of its employees and wishes to set a positive example. Therefore, all Legacy Hospice facilities are smoke free environments.

I give Legacy Hospice the right to investigate all references and to secure past employment information. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or pertinent omissions may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date.

I understand that if hired, my employment can be terminated, with or without cause, at any time at the discretion of either the organization or myself. I understand that no management official is authorized to make any oral assurance or promise of employment and/or continued employment, and that any such pledge or agreement must be in writing and signed by the CEO.

I fully understand that if hired, I am at any time subject to random drug testing without notice and that continued employment may be contingent on those test results or my refusal to be tested.

Signature _____ Date _____

This application will be considered active for a period of six (6) months.