

## Application for Employment

(please print)

PERSONAL INFORMATION		
	Date	
Name Last	First	Middle
Address		
City	State	Zip
Phone	Cell Phone	
Email	Social Security No.	
<p><b>Important: All portions of this application must be completed. Please do not submit a resumé in lieu of requested information.</b> HPH Hospice, Inc. and its subsidiaries (Agency) is a an Equal Opportunity Employer. Please inform us of any needed accommodation to participate in the application process. This application will be given consideration, but its receipt does not imply that the applicant will be employed. Nor does this document create an employment contract should an employment offer be extended to the applicant. HPH Hospice, Inc. and its subsidiaries (Agency) is a Drug-Free Workplace; all applicants will be tested for drugs.</p>		
JOB INTEREST		
List positions for which you are applying:	Requisition #	
Area(s) applying for <input type="checkbox"/> Hernando <input type="checkbox"/> West Pasco <input type="checkbox"/> East Pasco <input type="checkbox"/> Citrus	<input type="checkbox"/> Hospice <input type="checkbox"/> HomeHealth	
Location Preference <input type="checkbox"/> Facility <input type="checkbox"/> Field	I am applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN	
I am available for <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating		
Date you are available to start work	Salary expected \$	
Have you filled out an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	In what position?
LICENSES AND REGISTRATIONS		
If a nurse, your Florida License No.	Expiration date	
Other professional licenses/certification(s)		

## EDUCATION/TRAINING HISTORY

Type of School	Name of School City and State	Years Completed	Diploma/ Degree	Graduated Yes No	Major/ Courses
High School		9 10 11 12			
Nursing School		1 2 3 4			
College		1 2 3 4			
Graduate		1 2 3 4			
Business/ Trade					

Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated graduation date	If yes, describe course of study
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Please describe specialized training, education, apprenticeship, skills, etc.

Please list any job-related Professional/Civic Organizations or Associations to which you belong

State any additional information or skills you feel may be helpful to us in considering your application

Relatives or friends employed by this company?  Yes  No

If yes, list names and relationships

Do you have transportation?  Yes  No

## REFERENCES

List three names and contact numbers of persons you have worked with who may know your qualifications

Name	Phone	Employer
Name	Phone	Employer
Name	Phone	Employer

**EMPLOYMENT RECORD (Please list most recent position first)**

Employer's Name		Employer's Phone Number	
Address			
From M/Y	To M/Y	Job Title	Salary Base Rate
Supervisor		Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe major job duties			
Reason for leaving			

Employer's Name		Employer's Phone Number	
Address			
From M/Y	To M/Y	Job Title	Salary Base Rate
Supervisor		Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe major job duties			
Reason for leaving			

Employer's Name		Employer's Phone Number	
Address			
From M/Y	To M/Y	Job Title	Salary Base Rate
Supervisor		Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe major job duties			
Reason for leaving			

**EMPLOYMENT ELIGIBILITY**

If hired, can you furnish proof that you are 18 years of age or older?  Yes  No

Are you eligible to work in the United States?  Yes  No

Have you ever been convicted of a crime, had adjudication withheld, or pled nolo contendere?  Yes  No

If yes, please explain

Are you able to perform the tasks for the position for which you have applied with or without accommodation?  Yes  No

**REFERRAL SOURCE**

Advertisement  Walk-In  Friend/Relative  Employment Agency  Current Employee; Name \_\_\_\_\_  Other

**CONDITIONS OF EMPLOYMENT**

\_\_\_\_\_ **INITIALS** I certify that the information given and the statements I have made in this application are correct and that I have not omitted any information. I further understand that falsification, misrepresentation or omission of information may be grounds for disqualification from further consideration of employment or for dismissal from employment.

\_\_\_\_\_ **INITIALS** I understand that acceptance of an offer of employment does not create a contractual obligation upon The Agency. Employment will not be for any specified term and may be terminated by me or the Agency at any time and for any reason.

\_\_\_\_\_ **INITIALS** I give permission for a complete physical examination, including drug testing. I consent to the release to The Agency of any and all medical information as may be deemed necessary by the Agency.

\_\_\_\_\_ **INITIALS** I authorize any person, school, current employer, past employer(s), or organizations named in this application form (or accompanying resumé, if any) to provide HPH Hospice, Inc. and its subsidiaries with any information deemed necessary by the Agency. I release such persons and/or organizations from any legal liability.

Signature

Date

**DO NOT WRITE IN THIS AREA**

Referred to Department  Yes  No Date \_\_\_\_\_ Name \_\_\_\_\_

Comments

Requisition #

Hired  Yes  No Start Date \_\_\_\_\_ Salary \_\_\_\_\_

Position

Dept. Code

Status  F/T  P/T  PRN