



**EMPLOYMENT HISTORY**

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below:

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Current Employer: \_\_\_\_\_ Telephone: ( )

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary (Starting): \$ \_\_\_\_\_ /per \_\_\_\_\_ Hourly Rate/Salary (Final): \$ \_\_\_\_\_ /per \_\_\_\_\_ Immediate

supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_ Yes \_\_\_ No \_\_\_ Later

**Summarize the nature of the work performed and job responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_ Telephone: ( )

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary (Starting): \$ \_\_\_\_\_ /per \_\_\_\_\_ Hourly Rate/Salary (Final): \$ \_\_\_\_\_ /per \_\_\_\_\_ Immediate

supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Summarize the nature of the work performed and job responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_ Telephone: ( )

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary (Starting): \$ \_\_\_\_\_ /per \_\_\_\_\_ Hourly Rate/Salary (Final): \$ \_\_\_\_\_ /per \_\_\_\_\_ Immediate

supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Summarize the nature of the work performed and job responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer: \_\_\_\_\_ Telephone: ( )

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Hourly Rate/Salary (Starting): \$ \_\_\_\_\_ /per \_\_\_\_\_ Hourly Rate/Salary (Final): \$ \_\_\_\_\_ /per \_\_\_\_\_ Immediate

supervisor and Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Summarize the nature of the work performed and job responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Comments (including explanation of any gaps in employment): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Skills and Qualifications (summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Professionals only: Are you registered in North Carolina? \_\_\_ Yes \_\_\_ No

NC Certificate # \_\_\_\_\_ Expiration: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**A.** List last three (3) schools attended, starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank, and **E.** Major field of study (if applicable).

A. SCHOOL	B. # YRS. COMPLETED	C. DEGREE/ DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR

**REFERENCES**

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

ORGANIZATION	OFFICES HELD

List any special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)\_\_\_\_\_

List any additional information you would like us to consider.\_\_\_\_\_

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**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should re-apply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Further, I understand that persons under final consideration for employment with Hospice must consent to a criminal history records check, motor vehicle license check and drug screen. Positions of a financial nature may be subject to a credit check. I understand that if the position I am applying for involves patient contact, I must have an annual PPD skin test, which can be conducted in the Hospice office.

In the event of employment, I understand that false or misleading information given in any application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     Yes     No

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_

Employed:             Yes     No    Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELEASE AUTHORIZATION  
FOR EMPLOYMENT INFORMATION

I hereby authorize my current and former employer to furnish Hospice of the Piedmont, Inc., 1801 Westchester Drive, High Point, North Carolina, 27262 with the information they may have concerning me, whether on record or otherwise. I hereby release my current and former employer and all persons connected with them from all liability for any damage whatsoever resulting from the furnishing of such information. I promise not to make any complaint, legal or otherwise, because of any information, oral or written, released by the above-named individual, company, or organization in respect to this reference request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_