

**APPLICATION
FOR EMPLOYMENT**

**HOSPICE OF THE PIEDMONT, INC.
1801 Westchester Drive
High Point, NC 27262
336-889-8446**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. All sections of this application must be completed in order to consider this a valid application. We are an Equal Opportunity Employer. (Please print)

Position(s) applied for: _____	Date of application: _____
How did you learn about us? ___Friend ___Walk-In ___Advertisement	
___Employment agency ___Relative ___Other: _____	

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name		
Address: _____				
Number	Street	City	State	Zip Code
Telephone: _____		Social Security Number: _____-_____-_____		
If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Yes ___No				

Have you ever filed an application with us before? ___Yes ___No If yes, give date: _____
Have you ever been employed with us before? ___Yes ___No If yes, give date: _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)
___Yes ___No

On what date would you be available for work? _____
Are you available to work: ___Full time ___Part Time
___Shift Work - Please state shift/s desired _____
Are you interested in working in: ___Homecare ___Hospice Home
Will you work overtime if required? ___Yes ___No
Are you able to meet the attendance requirements of the job? ___Yes ___No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ___Yes ___No
(Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the job applied for.)
Can you travel if the job requires it? ___Yes ___No
Do you have dependable independent transportation? ___Yes ___No
Do you have a current North Carolina driver's license? ___Yes ___No
Have you ever been convicted of an offense (misdemeanor or felony), been listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs, or have any charges pending (conviction will not necessarily disqualify an applicant from employment, but failure to respond honestly shall result in immediate termination)? ___Yes ___No If yes, please explain: _____

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:

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._____

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: _____