



Hospice of San Angelo, Inc.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Physical Address	Social Security Number
City/State/Zip	Email Address

Are you 18 years or older? Yes No

Are you legally authorized to work in the U.S.? Yes No

If the position you are applying for requires driving, please answer the following questions:

Do you have your own transportation? Yes No

Do you have a valid driver's license? Yes No

Driver's license Number _____ State _____

Do you have proof of Auto Liability Insurance? Yes No

POSITION PREFERENCE

Position/Type of Work Desired	Salary Desired	Date Available to Work
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I am seeking: Full Time Part Time PRN I prefer: Days Nights

If necessary, are you available to work weekends? Yes No

Have you ever filed an application with our organization? Yes No

 If yes, When? _____

Have you ever been employed by our organization? Yes No

 If yes, When? _____

Do you have a friend or relative who is employed by our organization? Yes No

 If yes, please give name of person _____

How were you referred to us?

Newspaper Ad Employee Volunteer

Online Ad HOSA website Walk-in other

Why do you want to work in hospice?

What skills do you have that are particularly useful for hospice work?

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS			
Type License/Certification	State	License/Certification No.	Expiration Date

EDUCATION & TRAINING
 Have you obtained a high school diploma or GED?..... Yes No

School	Name & Location	Diploma/Degree	Major Field of Study
College/University			
Nursing/Technical			
Business/Trade			
Other Education			



EMPLOYMENT HISTORY - Please list **ALL** jobs. Begin with most recent position held. If you need additional space, you may attach additional documents. If you worked under a different name, show that name in the title section. All information in this section must be completed even if submitting a resume.

Date employed (from-to)	Company Name		City, State
Supervisor's Name & Title	Phone Number	Ending Salary	May we contact this employer? Yes No
Title & Duties		Reason for Leaving	



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Supervisor's Name & Title	Phone Number	Ending Salary	May we contact this employer? Yes No
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Supervisor's Name & Title	Phone Number	Ending Salary	May we contact this employer? Yes No
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WORK REFERENCES - List 3 business references who have knowledge of your work experience and/or education. ONLY LIST BUSINESS REFERENCES

Name	Address	Phone	Years Known	Relationship

In Case of Emergency Notify _____
Name
Address
Phone Number

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president has any authority to enter in to any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Interviewed by	
Date	
Remarks	
Ability	
Neatness	
Hired	Yes No Date reporting to work _____
Salary/Wage	

