



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | |
|---------------------------------------|------|---------------------|----------|
| Name (Last Name, First Name, Initial) | | Social Security No. | |
| Mailing Address | City | State | Zip Code |
| Physical Address | City | State | Zip Code |
| Telephone No. and Cell Phone No. | | Referred By | |

EMPLOYMENT DESIRED

| | | |
|---|--|----------------|
| Position | Date You Can Start | Salary Desired |
| Are You Employed? () Yes () No | If so, may we inquire of your present employer? () Yes () No | |
| Ever applied at HHPC before? () Yes () No | Where? | When? |

EDUCATION HISTORY

| | Name & Location of School | Years Attended | Graduate? | Subjects Studied |
|---|---------------------------|----------------|-----------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade/Business or Correspondence School | | | | |

GENERAL INFORMATION

| | |
|---|------|
| Subjects of Special Study/Research Work or Special Training/Skills: | |
| US Military or Naval Service | Rank |

FORMER EMPLOYERS (Starting with the last one first, list four employers)

| Date Employed | Name/Address of Employer | Salary | Position | Reason for Leaving |
|---------------|--------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

REFERENCES (List three (3) persons ***not related to you*** whom you have known at least one year)

| Name | Address | Occupation | Yrs. Known |
|------|---------|------------|------------|
| | | | |
| | | | |
| | | | |

• **ARE YOU RELATED TO OR KNOW ANYONE WHO IS PRESENTLY WORKING AT HEARTLINKS HOSPICE AND PALLIATIVE OR HAS WORKED HERE WITHIN THE PAST 12 MONTHS?**
 No Yes Name(s): _____

• **DO YOU HAVE ANY OBLIGATION(S)/CIRCUMSTANCE(S) EITHER PERSONALLY, FINANCIALLY OR PROFESSIONALLY THAT WOULD PROHIBIT YOU FROM WORKING AT HEARTLINKS HOSPICE AND PALLIATIVE CARE?**
 No Yes Comments: _____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employment falsified statements on this application shall be grounds for dismissal.

“I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing unless it is in writing and signed by the Executive Director.”

Signature: _____ Date: _____