



# Northland Hospice Application For Employment

NHPC prohibits, forbids, and does not tolerate discrimination against anyone on the basis of race, color, religion, sex, sexual orientation, age, national origin, veteran status, disability, or any other basis prohibited by applicable federal, state, or local laws.

All applications will be kept on file for one year after date of submission.

**Please Print Clearly** Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you been at the above address: \_\_\_\_\_

Please list your former addresses for the past three years: \_\_\_\_\_

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

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No *(Proof of citizenship or immigration status may be required upon employment.)*

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Shift Work  Temporary

Describe Hours and Days Available \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If yes, please explain. (Conviction will not necessarily disqualify applicant from employment.)

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

Have you been convicted of a misdemeanor within the last 7 years?  Yes  No

If yes, please explain. (Conviction will not necessarily disqualify applicant from employment.)

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

Indicate languages, other than English, that you speak, read, and/or write and your fluency.

\_\_\_\_\_  Speak  Read  Write  Fluent  Good  Fair

\_\_\_\_\_  Speak  Read  Write  Fluent  Good  Fair

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.  
 Exclude organization names which indicate race, color, religion, sex or national origin.

<b>1</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address	Website or email			
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
<b>2</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address	Website or email			
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
<b>3</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address	Website or email			
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
<b>4</b>	Employer	Telephone ( )	Dates Employed		Work Performed
			From	To	
	Address	Website or email			
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience (add sheet if necessary)

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# Education

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: \_\_\_\_\_

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

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin):

List 2 or 3 professional and 2 personal references who are not related to you and are not previous employers.

Name	Address	Phone	In what capacity do they know you?
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*Professional*

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

*Personal*

1 \_\_\_\_\_

2 \_\_\_\_\_

## Applicant's Statement

*The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand, and authorize Northland Hospice & Palliative Care to conduct a thorough background check. I further understand that Northland Hospice & Palliative Care must provide, at my request, the agency used so I may obtain from them the nature and substance of the information contained in the report. I also understand that I may be required to take a drug test prior and/or during my possible employment with Northland Hospice & Palliative Care as part of standard company policy and procedure.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

