

# Employment Application



Position applying for: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Last First Middle

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Are you able to perform the essential functions of the position for which you are applying for with or without accommodations?  
 YES  NO

**If necessary for the job, I am able to:**  
 Work overtime?  YES  NO  
 Provide a valid Driver's License?  YES  NO  
 If so, fill out the following: Issuing State: \_\_\_\_\_  
 Type: \_\_\_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)  
 YES  NO

Are you legally eligible for employment in the U.S.?  
 YES  NO

I am seeking a permanent position:  YES  NO

Work the following shifts: (check all that apply)

**I will be able to report to work \_\_\_\_\_ days after being notified I am hired.**

Any  Day  Night  Swing  Graveyard  
 Split  Swing  Other: \_\_\_\_\_

## EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer Name and Address: _____ _____ _____	Position title /duties, skills: _____ _____ _____	Start Date: _____ _____	End Date: _____ _____
Pay: _____ Per: _____	Supervisor: _____ Telephone: _____	Reason for Leaving: _____ _____ _____	
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Summarize other employment related to this job:

## EDUCATION

	Institution Name	Yeas Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

## MILITARY

Are you a veteran?  Yes  No

Duty/specialized training: \_\_\_\_\_

## SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Type of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications or registrations:

Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:

Typing Speed: \_\_\_\_\_ per minute

## REFERENCES

List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known
Name	Address	Telephone	Occupation	Years Known

## CONTACT

In case of accident or illness, please contact: Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

## INFORMATION TO THE APPLICANT

### PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

I hereby, certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Applicant's Initial

I hereby, authorize Primary Hospice Care, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Primary Hospice Care, Inc. all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Primary Hospice Care, Inc., my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Initial

I hereby, agree to submit binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that if I am hired by Primary Hospice Care, Inc., that all disputes that cannot be resolved by informal internal resolution, which might arise out of my employment with Primary Hospice Care, Inc., whether during or after the employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

Applicant's Initial

I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and Primary Hospice Care, Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Primary Hospice Care, Inc., and that no promises or representations contrary to the foregoing are binding on the Primary Hospice Care, Inc. unless made in writing and signed by Primary Hospice Care, Inc. designated representative.

Applicant's Initial

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.