



HOSPICE of HILO

PARTNERS IN HOPE, SUPPORT AND COMFORT

APPLICATION FOR EMPLOYMENT

Application Date:

Position Applying For: (Must be filled in)

GENERAL INFORMATION

Full Name		Home Telephone No.
Mailing Address	Physical Address (if different)	Cell Telephone No.
City	State	Zip Code
		Email address:

EMPLOYMENT HISTORY: Starting with your present or most recent employment, list all previous employers. Please include any self-employment, military service, summer, and part-time jobs. You may attach additional sheets if necessary, following the same format. Please do not write "see resume" and complete the entire application.

NAME & ADDRESS OF FORMER EMPLOYER		DATE EMPLOYED	YOUR KEY ROLE AND SUPERVISORS NAME	SALARY	REASON FOR LEAVING
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.	Starting \$	
No. & Street		Supervisor's Name		Ending \$	
City & State, Zip					
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.	Starting \$	
No. & Street		Supervisor's Name		Ending \$	
City & State, Zip					
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.	Starting \$	
No. & Street		Supervisor's Name		Ending \$	
City & State, Zip					
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.	Starting \$	
No. & Street		Supervisor's Name		Ending \$	
City & State, Zip					
<i>Company Name</i>	Phone	From Mo./Yr.	To Mo./Yr.	Starting \$	
No. & Street		Supervisor's Name		Ending \$	
City & State, Zip					

PLEASE PROVIDE THREE REFERENCES BELOW: (Not relatives)

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

EDUCATION:

	Name of School	Address	Did you Graduate?		Degrees
			Yes	No	
High School			Yes	No	
College			Yes	No	
Other (graduate)			Yes	No	
License or Certifications			Yes	No	

MEDICAL INFORMATION:

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination at Hospice of Hilo expense and by a Hospice of Hilo-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical examination at Hospice of Hilo expense and by a Hospice of Hilo-chosen physician. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician to disclose the results of the examination and the laboratory test to the Hospice of Hilo.

Are you able to perform the essential functions of this job with or without reasonable accommodation? _____ Applicant's Initials _____

OTHER:

Do you know anyone presently working for our Hospice of Hilo? ____ If so, who? _____

NOTE:

It is the policy of this Hospice of Hilo to hire only U. S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, will subject me to discharge. I authorize the Hospice of Hilo to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Hospice of Hilo's consideration of my application for employment, I hereby release the Hospice of Hilo and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Hospice of Hilo regarding my work history, education, character, reputation, and background.

This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Hospice of Hilo, with or without cause or reason and with or without notice.

_____ Applicant Signature _____ Application Date