

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 We consider applicants for all positions without regard to race, religion, creed, gender, national origin, color, age, disability, marital or veteran status, sexual orientation, or any legal protected category.

of years worked as an RN: _____ # of years worked as an LPN: _____ # of years worked as a CNA: _____

(Please Print)

Complete all fields; do not "reference resume"; if field does not apply write "N/A" do not leave any fields blank.

Position(s) applied for:	Site location(s)	Date of application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other:
Last Name	First Name	Middle Name/Initial
Present Address	City	State Zip
Permanent Address (if different from above)	City	State Zip
Telephone Number (including area code)	Social Security Number (voluntary)	
E-Mail Address		

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If yes, provide date: _____ Yes No
- Have you ever been employed by us before? If yes, provide dates: _____ Yes No
- Do you have any relatives employed by us? Yes No
 If yes, provide name(s): _____
- Are you currently employed? Yes No
- May we contact your current employer? Yes No
- Are you legally eligible for employment in the United States? Yes No
- On what date will you be available to begin work? _____
- Are you available to work: Full-time Part-time Shift work Temporary
- Are you currently on "lay off" status and subject to call back? Yes No
- Are you willing to travel? Yes No
- Are you available for over-night travel if required? Yes No

EDUCATION					
	Name and location of school	Course of study	When attended	Total years	Diploma/Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (specify)					

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any special training, apprenticeship, schools and extra-curricular activities.
Describe any job related training received in the United State Military

EMPLOYMENT EXPERIENCE

Start with you present or last employer. Include any job related military service/assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or protected status. Please complete section fully and do not write "see resume."

1. Employer	Dates of Employment	Work performed
	From _____ To _____	
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:		
Reason for leaving:		
		May we contact this employer: YES NO
2. Employer	Dates of Employment	Work performed
	From _____ To _____	
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:		
Reason for leaving:		
		May we contact this employer: YES NO
3. Employer	Dates of Employment	Work performed
	From _____ To _____	
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:		
Reason for leaving:		
		May we contact this employer: YES NO
4. Employer	Dates of Employment	Work performed
	From _____ To _____	
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:		
Reason for leaving:		
		May we contact this employer: YES NO
5. Employer	Dates of Employment	Work performed
	From _____ To _____	
Address	Telephone number(s)	
Job Title	Supervisor	
Number of employees supervised:		
Reason for leaving:		
		May we contact this employer: YES NO

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and/or qualifications from employment or other experience.

Skills List and/or Equipment Operated

Check all that apply:

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Machinery (list)	Other (list)
<input type="checkbox"/> 10- key	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Perfect	_____	_____
WPM: _____		_____	_____
<input type="checkbox"/> Windows	<input type="checkbox"/> Excel	_____	_____

Why do you want to work for Islands Hospice, LLC? _____

What are your salary expectations? _____

Note to applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Are you capable of performing, with or without reasonable accommodations, the essential activities and functions of the position for which you have applied? Yes No

PROFESSIONAL REFERENCES

1. Name:	Phone:
Relationship:	Alternate Phone
Email	
2. Name:	Phone:
Relationship:	Alternate Phone
Email	
3. Name:	Phone:
Relationship:	Alternate Phone
Email	

APPLICANT'S STATEMENT

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

This application for employment shall be considered active for the period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *at will* nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this *at will* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I recognize as a condition of further employment, I must submit to a drug screen where the results will be used to determine my eligibility for additional employment with this organization.

Signature of applicant

Date

INTERNAL USE ONLY

Interview Date:

Interview Notes: