



1480 Carter Avenue
Ashland, Ky. 41101
(606) 329-1890

OFFICE USE ONLY:
Date received:

Reviewed by:

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Date: _____

Name _____
Last First Middle Maiden

Current Address _____
Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

May we contact you at work? _____

Are you 18 years of age or older? _____ If "No", can you provide proof of your eligibility to work? _____

Are you authorized to work in the United States? _____ (Proof of eligibility will be required if hired)

Position you are applying for: _____ Full Time _____ Part Time _____

Salary Desired: _____ Date available for employment: _____

Have you applied for a job with Community Hospice before? _____
If so, what date? _____

Have you ever been employed with Community Hospice? _____
If so, what date and position? _____

Do you have any relatives currently working for Community Hospice? _____
If so, please provide names and relationship: _____

How were you referred to Community Hospice? _____

Have you ever been convicted of a crime, including sexual abuse and/or child abuse crime? If Yes, Explain.

EDUCATIONAL BACKGROUND:

School	Name and Address	Year Attended	Degree or Diploma	Major Course or Specialization
High School				
Professional School				
College				
Graduate School				

PROFESSIONAL PRACTICE LICENSE OR CERTIFICATION:

License Type: _____ License #: _____

State(s): _____ Exp. Date: _____

CLINICAL APPLICANTS:

Do you carry Malpractice Insurance? _____

Company Name: _____ Policy #: _____ Exp. Date: _____

Have you ever been involved in a medical Malpractice lawsuit? _____

If yes, please explain: _____

OFFICE PERSONNEL APPLICANTS:

Do you type? _____ Words per minute _____ Do you have computer training? _____

Are you familiar with: Word Excel PowerPoint Outlook

Other office skills: _____

RECORD OF PREVIOUS EMPLOYMENT:

Please list your last 4 employers starting with the most previous.

Employer Name: _____

Employer Address: _____

Telephone Number: (____) _____

Starting Date: _____ Ending Date: _____

Position: _____ Supervisor: _____

Salary: _____ May we contact for a reference? _____

Reason for leaving:

Employer Name: _____

Employer Address: _____

Telephone Number: (____) _____

Starting Date: _____ Ending Date: _____

Position: _____ Supervisor: _____

Salary: _____ May we contact for a reference? _____

Reason for leaving:

Employer Name: _____
Employer Address: _____
Telephone Number: (____) _____
Starting Date: _____ Ending Date: _____
Position: _____ Supervisor: _____
Salary: _____ May we contact for a reference? _____
Reason for leaving:

Employer Name: _____
Employer Address: _____
Telephone Number: (____) _____
Starting Date: _____ Ending Date: _____
Position: _____ Supervisor: _____
Salary: _____ May we contact for a reference? _____
Reason for leaving:

Please list two (2) character references other than the names listed above:

Name _____

Name _____

Address _____

Address _____

Phone # (____) _____

Phone # (____) _____

PLEASE WRITE A BRIEF OVERVIEW OF YOUR REASONS FOR SEEKING EMPLOYMENT WITH COMMUNITY HOSPICE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

I understand that acceptance of this completed application is not a promise of employment by Community Hospice. I understand that if I am considered for employment with Community Hospice I will be required to undergo a criminal background check which may include credit records, a pre-employment medical exam and drug screen. I understand that any job offer is contingent upon successful completion of these exams. I authorize Community Hospice to perform these exams as well as any reference checks.

I understand that if chosen for employment, I can voluntarily terminate my employment at any time without cause or notice as well as involuntarily be terminated without cause or notice.

Community Hospice, Inc. is an Equal Opportunity Employer. Community Hospice, Inc. is committed to providing equal employment opportunity for all qualified persons and to prohibit discrimination in employment because of race, color, age, gender, gender identity, gender expression, sexual orientation, religion, national origin, marital status, military status, disability or genetics.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or for subsequent dismissal from employment.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant **Date**

All applications will be maintained for 1 year unless Community Hospice is advised in writing of your continued interest in employment.