



1480 Carter Ave, Ashland, KY 41101 • 606-329-1890

Application for Employment

NOTICE: Community Hospice is an equal opportunity employer. Community Hospice does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Personal Information:

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

E-Mail Address: _____

How long have you lived at this address? _____ Phone Number: (____) _____ - _____

Are you authorized to work in the US? Yes No Alternate Phone: (____) _____ - _____

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

Position you are applying for? _____ Full Time Part Time PRN

Desired Salary: _____ Date Available to Start: _____

Can you perform the duties of the job you are applying for? _____

How did you hear about Community Hospice? Indeed Facebook Employee Other

Have you ever been employed with Community Hospice? Yes No If "Yes," when and what position?

Do you have any relatives working with Community Hospice? Yes No If "Yes," please provide name and relationship? _____

Have you ever been convicted of a felony? Yes No If "Yes," please explain:

Educational History:

EDUCATION	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Professional License or Certification:

Do you have a professional license or certification? Yes No

If "Yes," what type of license or certification? _____

License Number: _____ Issuing State(s): _____

Expiration Date: ____/____/_____

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Community Hospice to hire me. If I am hired, I understand that either Community Hospice or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Community Hospice has the authority to make any assurance to the contrary. 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.

I attest with my signature below that I have given to Community Hospice true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: ____/____/_____ **Signature:** _____

THIS APPLICATION IS VALID ONLY FOR ONE YEAR FROM THE DATE ABOVE.



EEO-1 Applicant Invitation to Self-Identify - Race or Ethnicity

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____

Date: ____/____/____

Position Applied for: _____

Race or Ethnicity (select one, see below for definitions)

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

Declination

- I do not wish to self-identify

Signature: _____

Date: ____/____/____

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.