



— caring from the heart since 1984 —

Application for Employment

Name: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Date Available for Work: _____ Desired Salary / Wages \$ _____

Position Applying for: _____

How did you hear about the opening? _____

Are you authorized to work in the United States? Yes No Are you at least 18 years of age? Yes No

Have you ever worked for HeartsWay Hospice? Yes No If so, when? _____

Have you ever applied for a position with us? Yes No If so, when? _____

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

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Education

Type of School	Name of School	Address	Years Completed	Degree & Major	Did you graduate?
High School					Yes No
College					Yes No
Advanced Degree					Yes No
Other					Yes No

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Professional Licenses

Professional Licensure: _____ Type: _____ State: _____

License Number: _____ Expiration Date: _____

Military Service

U.S. Military Branch: _____ Start Date _____ End Date: _____

Rank at Time of Discharge: _____

Employment History

List most recent employment first; please list all of your experience or employers related to this job here that applies to the position you are applying.

Employer: _____ Start Date: _____ End Date: _____

Employer's Address: _____ Employer's Telephone: _____

Job Title: _____ Supervisor: _____

Starting Pay: _____ Final Pay: _____

May we contact your supervisor? Yes No

Work Performed / Job Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Start Date: _____ End Date: _____

Employer's Address: _____ Employer's Telephone: _____

Job Title: _____ Supervisor: _____

Starting Pay: _____ Final Pay: _____

May we contact your supervisor? Yes No

Work Performed / Job Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Start Date: _____ End Date: _____

Employer's Address: _____ Employer's Telephone: _____

Job Title: _____ Supervisor: _____

Starting Pay: _____ Final Pay: _____

May we contact your supervisor? Yes No

Work Performed / Job Responsibilities: _____

Reason for Leaving: _____

References

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Years Known: _____

Qualifications & Skills

List other qualifications or skills (honors, supervisor skills, other languages or other information you wish us to consider)

Provide the reasons you are applying for this position:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of HeartsWay Hospice of Northeast Texas except in specific written contract of employment signed on behalf of the organization by its Executive Director, has the power to alter or vary the voluntary nature of the employment relationship.

I understand that this information may be shared with other entities that HeartsWay Hospice of Northeast Texas has contracts with in the event that this information is requested.

I have carefully read the above certification and I understand and agree to its terms.

Applicant Signature

Date

Equal Employment Opportunity: HeartsWay Hospice of Northeast Texas seeks, in all of its operations, to employ individuals for available positions on the basis of their qualifications, working knowledge, and competency. HeartsWay Hospice of Northeast Texas has a continuing commitment to ensure that fair and equal employment opportunities are extended to all qualified persons without regard to race, color, religion, sex, national origin, age, disability, or veteran status.