

**HOSPICE
of
Midland
CHAP Accredited
Employment Application**

Federal and State law and Hospice of Midland, Inc. policy prohibit discrimination in employment because of sex, age, race color, religion, national origin, medical condition or physical handicap.

Employment with Hospice of Midland will be "at the will of both parties". Termination can occur without cause. This application will remain active for 90 days.

HOSPICE OF MIDLAND, INC.

Application for Employment

MUST be completed even if attaching a Personal Resume

PERSONAL

NAME: Please PRINT or TYPE Last Name, First Name and Middle Initial		SOCIAL SECURITY NO.	HOME TELEPHONE NO.				
ADDRESS CITY		STATE	ZIP				
DRIVERS LICENSE/STATE		E-mail					
<p>If required, would you be willing to work: Please check one box in each category.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"> A. Shift Work? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width: 25%; border: none;"> B. Overtime Work? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width: 25%; border: none;"> C. Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td style="width: 25%; border: none;"> D. Work schedule other than Monday through Friday? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>				A. Shift Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. Overtime Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	C. Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	D. Work schedule other than Monday through Friday? <input type="checkbox"/> YES <input type="checkbox"/> NO
A. Shift Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. Overtime Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	C. Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	D. Work schedule other than Monday through Friday? <input type="checkbox"/> YES <input type="checkbox"/> NO				

POSITION DESIRED

Type of POSITION desired:	Date Available	Salary Desired \$			
<p style="text-align: center;">Type of Employment: Please check box(es) as appropriate</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Full Time <input type="checkbox"/></td> <td style="width: 33%; text-align: center;">Part Time <input type="checkbox"/></td> <td style="width: 33%;"></td> </tr> </table>			Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>				
<p>What prompted your application</p> <p> <input type="checkbox"/> Advertisement (Please identify source below) <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral (Identify Name) <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) </p>					

EDUCATION and TRAINING

Indicate Last Level of Education Completed	HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	COLLEGE or UNIVERSITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	GRADUATE SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>
NAME of SCHOOL High School and College	LOCATION City and State	MAJOR	DEGREE
Additional Education, Vocational and/or Professional Information: Type of license or certificate, #, and Expiration Date: <hr/>			
Professional Memberships or Affiliations: <hr/>			
<input type="checkbox"/> Typing <hr/> WPM	<input type="checkbox"/> Shorthand <hr/> WPM	<input type="checkbox"/> Ten-key Adding Machine	<input type="checkbox"/> Other machines requiring special skills:

EMPLOYMENT HISTORY *Account for at least the last ten years.* List **PRESENT** or **LAST** employer first.

Employer	Employment Dates		Weekly or Monthly Salary	
	From	To	Start	Final
Immediate Supervisor	Job title			
Address Street Number and Name, City, State, Zip Code			Telephone Number ()	
Description of Duties				

Account for period between jobs

Reason for leaving

Employer	Employment Dates		Weekly or Monthly Salary	
	From	To	Start	Final
Immediate Supervisor	Job title			
Address Street Number and Name, City, State, Zip Code			Telephone Number ()	
Description of Duties				

Account for period between jobs

Reason for leaving

Employer	Employment Dates		Weekly or Monthly Salary	
	From	To	Start	Final
Immediate Supervisor	Job title			
Address Street Number and Name, City, State, Zip Code			Telephone Number ()	
Description of Duties				

Account for period between jobs

Reason for leaving

NAME and ADDRESS of ADDITIONAL EMPLOYERS	From	To	Job Title	Reason for Leaving

EMPLOYMENT REFERENCES

Please list three persons we can contact for technical or business references, prior to an offer of employment

Name Title Company Address Telephone			

ADDITIONAL REFERENCES

May we contact your present employer? YES NO

U. S. MILITARY SERVICE

Indicate branch in which you served

From	To	Rank at Discharge

If you are not a U. S. citizen, have you the legal right to remain permanently in the U. S.? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever been convicted of a felony? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, give details at right.					
	Do you intend to remain permanently in the U. S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		Offense	Date	Disposition of Case

If employed by Hospice of Midland, Inc., I will abide by its rules and regulations. I give permission to inquire of or write to all or any of my previous employers and references for full information. All of the foregoing information I have supplied in this application is a full and complete statement of the facts, and it is understood that if any falsification be discovered, it will constitute grounds for dismissal upon discovery thereof. Completion of this application does not guarantee an offer of employment.

X _____
Applicant Signature

Date of Application