



## EMPLOYMENT APPLICATION

Home Hospice of Grayson County is an equal opportunity employer and does not discriminate against otherwise qualified applicants based on age, color, disability, national origin, race, religion, sex, marital status, sexual orientation, creed, ancestry or veteran status.

**PLEASE PRINT IN INK OR TYPE** (If you need additional space or wish to add information, please request an additional application page).

Last Name	First Name	Middle Name	Last 4 digits of SS #	Date
Address		City/State/Zip	Type of work/position desired	
Telephone numbers:			May we contact you at your place of employment?	
Work ( ) -			_____ Yes _____ No	
Home ( ) -				
Other: ( ) -			May we contact your current employer?	
Email: _____			_____ Yes _____ No	
Circle as appropriate:		If hired, can you provide documentation of eligibility to work in the United States? _____ Yes _____ No		
Full time				
Part time _____ Hrs/wk or _____ # of days/wk		Wage/Salary Expected: \$ _____		
Temporary/PRN				
Have you previously been employed by Home Hospice? _____ Yes _____ No If yes, please complete below:				
Dates:	From	To	Position	Name of supervisor
Do any of your relatives work for Home Hospice? _____ Yes _____ No If yes, please complete below:				
Name	Department		Relationship	
Have you been convicted of a felony? _____ Yes _____ No If yes, please explain: _____				
Have you been convicted of the illegal use, manufacture, or sale of a controlled substance (drugs)? _____ Yes _____ No If yes, please explain: _____				

### EDUCATION

School name	City	State	Dates Attended	Graduated (Yes/No)	Type of Diploma/Degree Rec'd	Major Area of Study
High School:						
College or University:						
Military (provide branch, rank, discharge date, special training, etc)						
Other (e.g., graduate school, tech school etc.)						

Please list any computer skills, trade or professional organizations of which you are a member, licenses, certifications, and specialized training that you consider significant.

**EMPLOYMENT RECORD**

Present or Last Employer	Name and Address	City/State/Zip	Final Salary	
	Type of Business	Dates Employed:	From	To
	Briefly describe your duties:			
	Name and job title of supervisor		Reason for leaving	
Next Previous Employer	Name and Address	City/State/Zip	Final Salary	
	Type of Business	Dates Employed:	From	To
	Briefly describe your duties:			
	Name and job title of supervisor		Reason for leaving	
Next Previous Employer	Name and Address	City/State/Zip	Final Salary	
	Type of Business	Dates Employed:	From	To
	Briefly describe your duties:			
	Name and job title of supervisor		Reason for leaving	
Next Previous Employer	Name and Address	City/State/Zip	Final Salary	
	Type of Business	Dates Employed:	From	To
	Briefly describe your duties:			
	Name and job title of supervisor		Reason for leaving	

**PROFESSIONAL REFERENCES**

List the names of three professional references who know you well. <u>Do NOT list relatives or friends.</u>				
Name	Address	City/State/Zip	Telephone	Years Known

I certify that the information I have given is complete, true, and correct to the best of my knowledge. I hereby release Home Hospice of Grayson County from any/all liability of whatever kind and nature which, at the time, could result from obtaining and having an employment decision based on such information. • I understand that any misrepresentation or omission of any requested information by me will void my application for employment with, or be a cause for my termination in the event I am employed by, Home Hospice of Grayson, Cooke & Fannin Counties. • I understand that, if hired, I will be required to complete an I-9 Employment Eligibility Verification. I further authorize Home Hospice of Grayson County to perform reference, criminal history and drug screening checks prior to, and/or in conjunction with, my employment by Home Hospice of Grayson County. • I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Home Hospice of Grayson County. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Home Hospice of Grayson County may terminate my employment at any time with or without notice or cause.

\_\_\_\_\_  
Signature  
06/09/2011

\_\_\_\_\_  
Date