

Application for Employment



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone	Alt. Phone	E-mail Address			
Date Available	Seeking:		FT <input type="checkbox"/>	PT <input type="checkbox"/>	PRN <input type="checkbox"/>
			Desired Salary:		
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had your professional license suspended or revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, explain
Have you ever been convicted of fraud, abuse, or have OIG exclusion?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	List restrictions and/or endorsements:	
List any professional, trade, business, or civic offices held:					

ADDITIONAL QUESTIONS

Where did you hear about this employment opportunity?	Colorado Workforce Center <input type="checkbox"/>	Facebook <input type="checkbox"/>	Google Search <input type="checkbox"/>	Indeed <input type="checkbox"/>	Newspaper: _____
	Referred by: _____ <input type="checkbox"/> Other: _____				
What makes you qualified for this position?					
What do you know about hospice care?					
Why do you want to work for Hospice of Montezuma?					

EDUCATION

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES

# 1 Full Name	Relationship	
Company	Phone	
Address		
#2 Full Name	Relationship	
Company	Phone	
Address		
#3 Full Name	Relationship	
Company	Phone	
Address		

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been fired or asked to resign from a job?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, explain:

DISCLAIMER AND SIGNATURE

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all false statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such decisions. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to pre- and/or post-employment drug screen as a condition of employment. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying. I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the director of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the director and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my physical signature below consent to these statements.

Signature

Date