

## HOSPICE OF RUTHERFORD COUNTY, INC STAFF APPLICATION

**DATE:** \_\_\_\_\_

Please print or type SSN (*voluntary, for record keeping and data processing, only*) \_\_\_\_\_

\_\_\_\_\_  
Last
First
Middle
Maiden

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

**Job(s) for which you are applying (Specific titles)**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Please indicate referral source: \_\_\_\_\_

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: \_\_\_\_\_

**Personal References:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Education:**

Schools:	Name and Location	Dates attended From                  To	Type of Degree
High School:	_____	_____	_____
College(s):	_____	_____	_____
Graduate or Professional:	_____	_____	_____
<b>Other educational.</b> Vocational schools Or internships:	_____	_____	_____

Special training programs and seminars attended in the last five years: \_\_\_\_\_

If the job applied for requires specific courses, indicate those courses taken and credits received: \_\_\_\_\_

**Current Professional Status:** (List fields of work for which you have been registered:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_

Membership in professional, honorary, or technical societies (list): \_\_\_\_\_

License and certifications (list, give dates and sources of issuance): \_\_\_\_\_

**CHECK** the following **SKILL, EXPERIENCE**, etc which you have:

\_\_\_\_ Driver's license No: \_\_\_\_\_ State: \_\_\_\_\_ Sign Language \_\_\_\_\_  
\_\_\_\_ Chauffeurs license No: \_\_\_\_\_ State: \_\_\_\_\_ Foreign Language \_\_\_\_\_  
\_\_\_\_ Car for use at work Adding machine/calculator: \_\_\_\_\_ Typing (wpm): \_\_\_\_\_  
Shorthand/speedwriting (wpm): \_\_\_\_\_ Legal/Medical transcription: \_\_\_\_\_  
Word processing skills: \_\_\_\_\_ Braille skills: \_\_\_\_\_ Other: \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relations to the job for which you are applying)  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ (If yes, explain fully on an additional sheet.)

**WORK HISTORY:** (include volunteer experience) (use additional sheets if necessary)

**Current or last employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. supervised by you \_\_\_\_\_ Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Starting salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending or current salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact employer? \_\_\_\_\_  
List major duties in order of their importance to the job: \_\_\_\_\_  
Full time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time Years: \_\_\_\_\_ Months: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. supervised by you \_\_\_\_\_ Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Starting salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending or current salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact employer? \_\_\_\_\_  
List major duties in order of their importance to the job: \_\_\_\_\_  
Full time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time Years: \_\_\_\_\_ Months: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. supervised by you \_\_\_\_\_ Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Starting salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending or current salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact employer? \_\_\_\_\_  
List major duties in order of their importance to the job: \_\_\_\_\_  
Full time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time Years: \_\_\_\_\_ Months: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Address: \_\_\_\_\_  
Job title \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. supervised by you \_\_\_\_\_ Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Starting salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending or current salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact employer? \_\_\_\_\_  
List major duties in order of their importance to the job: \_\_\_\_\_  
Full time: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Part-time Years: \_\_\_\_\_ Months: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event in employed, I understand that any false or misleading information I knowingly provide in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_