

# Employment Application



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Mailing Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

After a job offer is extended, job placement is contingent upon your passing a drug screen and background check.  
Are you willing to submit to a drug screen and background check at our expense? YES  NO   
(Note: We comply with the ADA and consider all reasonable accommodation measures that may be available to assist qualified applicants/employees to perform essential job functions.)

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Special Skills, Licenses, and Certifications

List any special skills, licenses, and certifications that are relevant to the job you are applying for.

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## References

Include name, address, business, phone number, and years acquainted. Please list references not related to you.

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

### Previous Employment

*please explain any gaps in employment on a separate sheet of paper*

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize Hospice Services of Lake County to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience. I release all parties from any liability arising theretofore. Furthermore, I understand that all offers of employment are contingent upon the successful completion of a thorough reference check.

I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is at-will and may be terminated at any time, with or without prior warning, with or without notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company. This statement of the employment at-will relationship is the entire agreement between employees and Hospice Services of Lake County as to the duration of employment.

**I certify that I have read and understand the foregoing, and to the best of my knowledge and belief, all the information on this form is true and correct.**

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