

# Community Hospice

1538 Central Avenue  
Ashland, Ky. 41101  
(606) 329-1890

OFFICE USE ONLY:

Date received:

Reviewed by:

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

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

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

Current Address \_\_\_\_\_  
Street City State Zip

How long at current address? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

May we contact you at work? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ If "No", can you provide proof of your eligibility to work? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_ (Proof of eligibility will be required if hired)

Position you are applying for: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Have you applied for a job with Community Hospice before? \_\_\_\_\_

If so, what date? \_\_\_\_\_

Have you ever been employed with Community Hospice? \_\_\_\_\_

If so, what date and position? \_\_\_\_\_

Do you have any relatives currently working for Community Hospice? \_\_\_\_\_

If so, please provide names and relationship: \_\_\_\_\_

How were you referred to Community Hospice? \_\_\_\_\_

Have you ever been convicted of a crime, including sexual abuse and/or child abuse crime? If Yes, Explain.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

School	Name and Address	Year Attended	Degree or Diploma	Major Course or Specialization
High School				
Professional School				
College				
Graduate School				

**PROFESSIONAL PRACTICE LICENSE OR CERTIFICATION:**

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

State(s): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**CLINICAL APPLICANTS:**

Do you carry Malpractice Insurance? \_\_\_\_\_

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been involved in a medical Malpractice lawsuit? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**OFFICE PERSONNEL APPLICANTS:**

Do you type? \_\_\_\_\_ Words per minute \_\_\_\_\_ Do you have computer training? \_\_\_\_\_

Are you familiar with:  Word  Excel  PowerPoint  Outlook

Other office skills: \_\_\_\_\_

**RECORD OF PREVIOUS EMPLOYMENT:**

**Please list your last 4 employers starting with the most previous.**

Employer Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ May we contact for a reference? \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two (2) character references other than the names listed above:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**PLEASE WRITE A BRIEF OVERVIEW OF YOUR REASONS FOR SEEKING EMPLOYMENT WITH COMMUNITY HOSPICE. ATTACH ADDITIONAL SHEETS IF NECESSARY.**

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I understand that acceptance of this completed application is not a promise of employment by Community Hospice. I understand that if I am considered for employment with Community Hospice I will be required to undergo a criminal background check which may include credit records, a pre-employment medical exam and drug screen. I understand that any job offer is contingent upon successful completion of these exams. I authorize Community Hospice to perform these exams as well as any reference checks.

I understand that if chosen for employment, I can voluntarily terminate my employment at any time without cause or notice as well as involuntarily be terminated without cause or notice.

Community Hospice, Inc. is an Equal Opportunity Employer. Community Hospice, Inc. is committed to providing equal employment opportunity for all qualified persons and to prohibit discrimination in employment because of race, sex, age, color, religion, national origin or disability.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts called for on this application is cause for rejection of this application or for subsequent dismissal from employment.

**I hereby acknowledge that I have read the above statement and understand the same.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**All applications will be maintained for 1 year unless Community Hospice is advised in writing of your continued interest in employment.**