





**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To	Pay or salary  Start Final
Name known by at work: _____		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?     Yes     No

Please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. if you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

In exchange for the consideration of my job application by Hospice of Huntington, (hereinafter called "Hospice"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Hospice practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee with Hospice, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of Hospice. Both the undersigned and Hospice may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Hospice may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Hospice or their representative permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release Hospice from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, Hospice may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, and personal characteristics. Upon written request from me, Hospice will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**I understand that upon an offer of employment, I will be required to sign an additional employment inquiry release authorizing an independent company to perform a background check on behalf of Hospice of Huntington. I further understand that the offer of employment is contingent upon the completion of a satisfactory background check.**

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Hospice is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability.

Thank you for completing this application form and for your interest in Hospice.