

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

YOU ARE APPLYING FOR AT-WILL EMPLOYMENT. IF HIRED, YOU WILL BE AN AT-WILL EMPLOYEE.

APPLICANT INFORMATION

Last Name		First	Middle	Date
Street Address		City	State	ZIP
Phone(s)		Mobile Phone	E-mail	
Position Applied For		Date You Can Start	Full Time: <input type="checkbox"/>	Referred by: <input type="checkbox"/>
Social Security No.		Desired Salary	Have you ever applied for work at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?				YES <input type="checkbox"/> NO <input type="checkbox"/>
If hired, would you have a reliable means of transportation to and from work?				YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, state the nature of the crime(s), when and where convicted and disposition of the case.	

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
Are you licensed / certified for the job applied for?		YES <input type="checkbox"/> NO <input type="checkbox"/>	License(s) Type:	License(s) No.(s):
Has your license / certification ever been revoked or suspended?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain/reason:	

PREVIOUS EMPLOYMENT

Date Month and Year	Name, Address, Phone of Employer	Salary	Job Title	Reason for Leaving	May We Contact This Employer?
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					

Have you obtained any special skills or abilities as the result of service in the military? YES NO

If yes, describe such skills/abilities:

REFERENCES

Please list at least three professional references (not related to you). Roze Room Hospice ("Company") may contact your references.

Full Name of Individual / Company	Address	Phone	Relationship	Years Known

DISCLAIMER AND SIGNATURE

Please Read Carefully, Initial Each Paragraph and Sign and Date Below

_____ 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 further certify that I, the undersigned applicant, have personally completed this application. 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 hereby authorize this Company to investigate my references, work record, education and other matters related to my suitability for employment. I authorize the references I have listed to disclose to the Company information related to my work. I hereby release the Company, my former employers and all others from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which 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 for no definite or determinable period and may be terminated at any time, with or without prior 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 unless made in writing and signed by me and the Company's board of directors.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

DATED: _____

APPLICANT'S SIGNATURE: _____

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY -----

REMARKS:

Applicant was interviewed by: _____

Character:	Personality:
Neatness:	Ability:
Hired: YES <input type="checkbox"/> NO <input type="checkbox"/>	For Dept: _____
Position: _____	Will Report On: _____
Salary/Wages: _____	

APPROVED: 1. _____ 2. _____ 3. _____
 Interviewer Human Resources Administration / Board Member