



Lighthouse Hospice Inc.

Application for Employment

Personal Information

NAME: (LAST NAME FIRST) _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

18 YEARS OR OLDER: _____ PHONE NUMBER: _____

Can you perform the essential functions of the position for which you are applying? _____
If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) _____

Desired Employment

POSITION: _____ DATE AVAILABLE: _____

SALARY DESIRED: _____ CURRENTLY EMPLOYED: _____

EVER APPLIED TO THIS COMPANY BEFORE: _____ WHEN: _____

EVER WORKED FOR THIS COMPANY BEFORE: _____ WHEN: _____

NAME OF LAST SUPERVISOR AT THIS COMPANY: _____

HOW WERE YOU REFERRED TO THIS COMPANY: _____

DO YOU HAVE ANY RELATIVES OR FRIENDS WHO WORK FOR THE COMPANY?
YES [] NO [] If yes, who and where do they work? _____

LAST

FIRST

MIDDLE

HAVE YOU EVER DONE ANY VOLUNTEER WORK? YES [] NO [] *If yes, describe: (Omit any volunteer work which reflects your race, religion, age, sex, sexual orientation, marital status, or disabilities)*

DAYS AND HOURS AVAILABLE: *(If employed, I will notify my supervisor in writing, should my availability change.)*

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE UNITED STATES? Yes [] No [] *(Proof of identity and eligibility will be required upon employment)*

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes [] No [] If yes, please explain and list offices held: (Omit any volunteer work which reflects your race, religion, age, sex, sexual orientation, marital status, or disabilities)

Education

GRAMMAR SCHOOL: _____

HIGH SCHOOL: _____

Graduation Date _____

COLLEGE: _____

Degree _____

TRADE, BUSINESS, CORRESPONDENCE SCHOOL: _____

SUBJECTS OF SPECIAL INTEREST, STUDY, TRAINING: _____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes [] No [] If yes, please describe:

Former Employer – 1

(Start with Present or most recent position)

NAME OF EMPLOYER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

SUPERVISOR'S NAME AND TITLE: _____

MAY WE CONTACT SUPERVISOR?: _____

DATES EMPLOYED FROM: _____ **TO:** _____

JOB TITLE: _____

BEGINNING SALARY: _____ **ENDING SALARY:** _____

DESCRIBE WORK PERFORMED: _____

REASON FOR LEAVING: _____

Former Employer – 2

NAME OF EMPLOYER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

SUPERVISOR'S NAME AND TITLE: _____

MAY WE CONTACT SUPERVISOR?: _____

DATES EMPLOYED FROM: _____ **TO:** _____

JOB TITLE: _____

BEGINNING SALARY: _____ **ENDING SALARY:** _____

DESCRIBE WORK PERFORMED: _____

REASON FOR LEAVING: _____

Former Employer – 3

NAME OF EMPLOYER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

SUPERVISOR'S NAME AND TITLE: _____

MAY WE CONTACT SUPERVISOR?: _____

DATES EMPLOYED FROM: _____ **TO:** _____

JOB TITLE: _____

BEGINNING SALARY: _____ **ENDING SALARY:** _____

DESCRIBE WORK PERFORMED: _____

REASON FOR LEAVING: _____

(Use an additional sheet of paper if more space is necessary)

Personal References

List below names of individuals you are not related to and have known for at least one year

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____

OCCUPATION: _____ **TELEPHONE NUMBER:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____

OCCUPATION: _____ **TELEPHONE NUMBER:** _____

NAME: _____ **YEARS KNOWN:** _____

ADDRESS: _____

OCCUPATION: _____ **TELEPHONE NUMBER:** _____

Service Record

BRANCH OF SERVICE: _____

DISCHARGE DATE: _____

RANK: _____

Criminal Record

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 5 YEARS?: _____

IF YES, EXPLAIN (will not necessarily exclude you from consideration): _____

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

I understand that this employer recognizes the At-Will Doctrine of Employment, and that employees may terminate at any time, for any reason.

Signed: _____ Date: _____

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

SIGNATURE

DATE

Please fax to 1-856-414-0330

(For Office Use Only)

Review Date: _____

Position: _____

Licensure: _____

State: _____

Employed: Yes [] No []

If yes, Job Title: _____

Position: _____

Start Date: _____

Compensation: \$ _____ *per/hr.*

\$ _____ *salary*

Comments: _____

Requested Documentation: _____

Questions/Inquiries: _____

Interviewed By: _____

Date: _____