



Employment Application

Lighthouse Hospice is an Equal Opportunity Employer

Hospice Location _____ Position Desired _____ Date _____

When Available _____ Full Time _____ Part Time _____ PRN _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number (_____) _____ Business Number (_____) _____

S.S. Number _____ Professional License No. _____

Driver's License Number _____ Auto Liability Coverage? Yes No

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a criminal offense? Yes No

Date _____ Place _____ If yes, explain _____

Do you have a spouse, child, parent or sibling employed by Lighthouse? Yes No

If yes, office location: _____ Employee's title: _____

List any professional credential, certifications and licenses held which you feel are pertinent to the position for which you are applying: _____

EDUCATION	NAME & LOCATION	YEARS COMPLETED	DEGREE/CERTIFICATE PURSUED
High School			
College			
Trade/Business School			

EMPLOYMENT EXPERIENCE

List most recent first

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. ()	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. ()	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
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DUTIES			
REASON FOR LEAVING			

