



APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME (LAST, FIRST)		DATE OF BIRTH	SOCIAL SECURITY NO	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO. ( )	MOBILE PHONE NO. ( )	HOME EMAIL ADDRESS		
REFERRED BY:				

**EMPLOYMENT DESIRED**

POSITION	DATE AVAILABLE TO START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

**AVAILABILITY**

ARE YOU AVAILABLE TO WORK:					
WEEKENDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ON CALL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HOLIDAYS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NIGHTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EVENINGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	UNSCHEDULED OVERTIME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**EDUCATION HISTORY**

	NAME AND LOCATION	MAJOR SUBJECTS	DID YOU GRADUATE?	DEGREE
High School				
College				
Other (Specify)				

**PROFESSIONAL LICENSES/CERTIFICATION**

TYPE	ORGANIZATION OF STATE ISSUED	DATE ISSUED	NUMBER

**GENERAL INFORMATION**

PROFESSIONAL ORGANIZATION MEMBERSHIP, VOLUNTEER, COMMUNITY SERVICE, OR OTHER QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING:
AREAS OF SPECIALIZATION OR MAJOR INTEREST:

**EMPLOYMENT HISTORY**

DATE MONTH AND YEAR	NAME & CITY OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES (Please provide 3)**

NAME	TITLE/RELATIONSHIP	COMPANY NAME AND ADDRESS	TELEPHONE

Do you possess a current NY driver's license?  YES  NO

EXCLUDING TRAFFIC INFRACTIONS, have you ever been charged and/or convicted of any violation of the law in any jurisdiction?  YES  NO

If yes, please provide the following details:

Date of offense: \_\_\_\_\_

Charges: \_\_\_\_\_  
 \_\_\_\_\_

Class of offense:  FELONY  MISDEMEANOR  VIOLATION

Disposition of charge(s): \_\_\_\_\_

Jurisdiction of offense: \_\_\_\_\_

APPLICANT CERTIFICATION:

I certify that the answers given on this employment application are true and complete to the best of my knowledge. I understand that misrepresentation of any material fact may be cause for rejection of my application and/or termination of my volunteer status.

I also understand that, if hired as a Hospice employee, I am required to abide by all policies, procedures, rules, and regulations of the agency.

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Applicant Signature

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Date

Please return completed application to:

Hospice of Orleans, Inc.  
PO Box 489  
Albion, NY 14411