

# Application for Employment

101 Hospice Lane • Winston-Salem, NC 27103  
phone (336) 768-3972 • fax (336) 201-5222 • www.hospicecarecenter.org

Hospice & Palliative CareCenter is an equal opportunity employer and does not unlawfully discriminate on the basis of any status or condition protected by applicable federal or state law.

This application will be given every consideration; its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.  
(Please Print)

Employment Desired		
Position applying for:		Application Date:
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> PRN
<input type="checkbox"/> Day Shift	<input type="checkbox"/> Night Shift	
Salary Expectations: Hourly: \$	Annually: \$	Date Available:
Have you ever worked for Hospice and Palliative CareCenter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes – Dates: _____ to _____	Position:	Department
How did you learn about Hospice and Palliative CareCenter? (please identify)		
<input type="checkbox"/> Newspaper:	<input type="checkbox"/> Website:	<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-in
<input type="checkbox"/> Hospice Employee: (name)	<input type="checkbox"/> Other:	

Personal		
Last Name:	First Name:	Middle Name:
Address:	City:	Zip:
Best Phone Number to Contact:		Alternate Phone:
E-mail Address:		
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what branch?		
Date of Discharge?	Reserve Status? <input type="checkbox"/> Active <input type="checkbox"/> Inactive	

Professional		
<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> NA I <input type="checkbox"/> NA II <input type="checkbox"/> MD <input type="checkbox"/> NP
<input type="checkbox"/> BSW	<input type="checkbox"/> MSW	<input type="checkbox"/> MDIV <input type="checkbox"/> Other:
Are you registered in North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, State of Registration:		
Year Registration/License Obtained:		

Education and Training			
School	Name	Course of Study	Diploma/Degree
High School			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate/Professional			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Are attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expected Graduation Date?	
Course of Study:			
Describe any specialized training, skills, or apprenticeships. Also indicate any foreign language(s) you can speak, read, and/or write.			
List membership in Professional, Trade, Business, or Civic Organizations and offices held. (Exclude those which may reveal your gender, race, religion, national origin, age, disability, or other protected status.)			

Supplemental Information	
Have you ever been convicted of a crime (other than a minor traffic violation with a fine of \$50 or less)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Conviction will not necessarily disqualify an applicant from employment.)	
Have you had more than three moving violations or more than one chargeable accident within the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Auto Insurance Company:	
Have you ever been fired, or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are you related to any current employee of Hospice and Palliative CareCenter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list his/her name and position. Name: Position:	

## Employment History

Start with your present or most recent job. Give accurate, complete information accounting for all periods of time including military service and any periods of unemployment.

*Do not reference your resume.*

Employer Name, City & State :	Phone: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position Title:	Dates Employed: (month/year)  From: To:
Supervisor Name:	Supervisor Title:	Reason for Leaving:	
Starting Salary : (express in hourly or annual amounts) \$	Ending Salary (express in hourly or annual amounts) \$		
Duties Performed:			
Employer Name, City & State:	Phone: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position Title:	Dates Employed: (month/year)  From: To:
Supervisor Name:	Supervisor Title:	Reason for Leaving:	
Starting Salary : (express in hourly or annual amounts) \$	Ending Salary (express in hourly or annual amounts) \$		
Duties Performed:			
Employer Name, City & State:	Phone: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position Title:	Dates Employed: (month/year)  From: To:
Supervisor Name:	Supervisor Title:	Reason for Leaving:	
Starting Salary : (express in hourly or annual amounts) \$	Ending Salary (express in hourly or annual amounts) \$		
Duties Performed:			
Employer Name, City & State:	Phone: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position Title:	Dates Employed: (month/year)  From: To:
Supervisor Name:	Supervisor Title:	Reason for Leaving:	
Starting Salary : (express in hourly or annual amounts) \$	Ending Salary (express in hourly or annual amounts) \$		
Duties Performed:			
Employer Name, City & State:	Phone: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position Title:	Dates Employed: (month/year)  From: To:
Supervisor Name:	Supervisor Title:	Reason for Leaving:	
Starting Salary : (express in hourly or annual amounts) \$	Ending Salary (express in hourly or annual amounts) \$		
Duties Performed:			

**References**

Two references must be from your last two employers. If you have not had two employers, you may provide references from schools, churches, or other personal associations.

Name	Phone Number	Occupation

May we contact your current employer?  Yes  Not at this time

**Agreement**

- Any misrepresentation or omission of facts or false statement in this application or an accompanying resume may result in rejection of my application, or dismissal. I understand that I am required to abide by the rules and regulations of Hospice & Palliative CareCenter.
- Employment is contingent upon satisfactory completion of a drug screen and background investigation (may include employment, credit, criminal, and/or driving records).
- If hired, my employment is conditional subject to the successful completion of a three-month probationary period.
- I hereby authorize Hospice & Palliative CareCenter to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_