



APPLICATION FOR EMPLOYMENT

Hospice of Citrus County/Hospice of the Nature Coast

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even if you attach a resume.

Date: _____

Position Applied for: _____ [] FT [] PT [] PRN

Application in response to: [] Newspaper [] Website [] Other: _____

Name: _____ Phone #: _____

If no phone, how may we contact you: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Expected Salary: _____

When will you be available to begin work? _____

Are there any days you are unable to work? _____

Have you ever worked for this organization or its divisions? [] Yes [] No

If yes, date worked: _____ Position held: _____

Can you perform the essential functions of the position for which you are applying? [] Yes [] No

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 the question.

Are you legally eligible to be employed in the United States of America? [] Yes [] No Proof of identity and eligibility will be required upon employment.

Have you signed a non-compete clause with any other employer that could limit working for Hospice of Citrus County/Hospice of the Nature Coast Inc.? [] Yes [] No If yes, please provide a copy to the Human Resources Office.

Have you ever been convicted of a felony or misdemeanor? [] Yes [] No If yes, please explain and include the dates of conviction, final disposition and penalties imposed:

A conviction will not necessarily result in the denial of employment. Have you ever been sued for personal injury, defamation, slander or been involved in any case resulting in personal injury, assault, etc? If yes, provide the date, final disposition and penalties imposed: _____

Are you presently employed? [] **Yes** [] **No** May we contact your employer? [] **Yes** [] **No**
 If presently employed, why are you considering leaving? _____

EDUCATION

Do you hold any professional certifications that pertain for which you are applying? [] **Yes** [] **No**
 Name of Certifications: _____

	Name and Location of School	Course of Study	Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

EMPLOYMENT HISTORY

Start with most current position

Name of Employer: _____ Telephone Number: _____ Full Address: _____ City: _____ State: _____ Zip Code: _____ Dates Employed: From: _____ To: _____ Final Rate of Pay: _____ Title: _____ Reason for leaving: _____

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Telephone Number: _____

Full Address: _____

City: _____ State: _____ Zip Code: _____

Dates Employed: From: _____ To: _____ Final Rate of Pay: _____

Title: _____ Reason for leaving: _____

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job within this organization. Is there anything which would interfere with your regular attendance and punctuality if you were offered a job with this organization? [] **Yes** [] **No**
 If yes, please explain: _____

HOSPICE OF CITRUS COUNTY COUNTY/HOSPICE OF THE NATURE COAST INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERANS OR ANY OTHER STATUS PROTECTED BY LAW.

HOSPICE OF CITRUS COUNTY/HOSPICE OF THE NATURE COAST INC. IS A DIRECT DEPOSIT ORGANIZATION. AT THE TIME OF HIRE, YOU WILL RECEIVE THE NECESSARY PAPERWORK TO IMPLEMENT YOUR DIRECT DEPOSIT.

READ AND SIGN LAST PAGE

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application and any other accompanying documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should offer of employment be extended by Hospice of Citrus County/Hospice of the Nature Coast Inc., such employment at Hospice of Citrus County/Hospice of the Nature Coast Inc. is at will, for no specific duration and may be terminated by Hospice of Citrus County/Hospice of the Nature Coast Inc. or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Hospice of Citrus County/Hospice of the Nature Coast Inc. representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Hospice of Citrus County/Hospice of the Nature Coast Inc., if employed, I agree to conform to the ruled, regulations, policies and procedures of Hospice of Citrus County/Hospice of the Nature Coast Inc. at all times and understand that such compliance is a condition of employment.

I understand that if offered a position with Hospice of Citrus County/Hospice of the Nature Coast Inc. I will be required to consent to a pre-employment medical examination, drug screening, criminal background check, and motor vehicle check as a condition of employment. I permit Hospice of Citrus County/Hospice of the Nature Coast Inc. to utilize the information gathered in any way deemed necessary to make an employment decision, and release Hospice of Citrus County/Hospice of the Nature Coast Inc. and those providing information from gathering or using such information. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of theses pre-employment tests or checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Hospice of Citrus County/Hospice of the Nature Coast Inc., any division of and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for 1 year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Signature

Date