

HOSPICE OF SOUTH TEXAS

APPLICATION FOR EMPLOYMENT

605 E. Locust Ave
Victoria, Texas 77901

Position: _____

Date: _____

PLEASE PRINT

Name _____ Social Security Number _____

Home Address _____

Mailing address (if different) _____ City _____ Zip _____ Home Phone _____
Bus. Phone _____

Referral Source: Advertisement Employee Relative Walk-in Private Employment Agency

Other _____ Name of Source (if applicable) _____

Available for work: Full-time Part-time Temporary Part-time hours per week: _____

Date available for work _____ Will you travel if job requires it? Yes No

Current Professional Licensure (if applicable) _____
Type _____ License Number _____ Expiration Date _____

Have you been convicted of a felony in the last 10 years? Yes No If yes, describe in full _____
(such conviction may be relevant if job related, but does not bar you from employment)

Educational Background

High School attended _____ Diploma? Yes No

College _____ Circle last year completed 1 2 3 4 Graduate? Yes No

Major _____ Minor _____ Degree Earned _____

Graduate School _____ Major _____ Degree Earned _____

Technical School _____ Course of Study _____

List special accomplishments, publications and awards: _____

What foreign languages do you speak fluently? _____ Read _____ Write _____

EMPLOYMENT HISTORY:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section.

Employer	Dates Employed	Nature of Work
(1)	From:	
	To:	
Address	Starting Salary	
	\$	
Immediate Supervisor & Title	Ending Salary	
	\$	
Reason for Leaving		Comments:

May we contact for reference? Yes No Later

Employer	Dates Employed	Nature of Work
(2)	From:	
	To:	
Address	Starting Salary	
	\$	
Immediate Supervisor & Title	Ending Salary	
	\$	
Reason for Leaving		Comments:

May we contact for reference? Yes No Later

Employer	Dates Employed	Nature of Work
(3)	From:	
	To:	
Address	Starting Salary	
	\$	
Immediate Supervisor & Title	Ending Salary	
	\$	
Reason for Leaving		Comments:

May we contact for reference? Yes No Later

List names and telephone numbers of three (3) business/work references who are not related to you. If not applicable, list three (3) school personal references who are not related to you. (Addresses will be furnished upon request)

REFERENCE	EMPLOYER	TELEPHONE	YEARS KNOWN

Reference checks – document name of reference person contact, date and results.

DATE	CONTACT PERSON	RESULT

Signature of Agency's staff making the reference check

Date Reference check completed

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Hospice of South Texas if I have been employed. Furthermore, I understand that just as I am free to resign at any time, and Hospice of South Texas reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Hospice of South Texas has authority to make any assurances to the contrary.

I give Hospice of South Texas the right to investigate all references and to secure additional information about me, if job related. I hereby release liability Hospice of South Texas and its representatives for seeking such information and all other persons, corporations or organizations from furnishing such information.

Hospice of South Texas is an equal opportunity employer. It does not discriminate in employment and no question of this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from Hospice of South Texas and still wish to be considered for employment, it will be necessary for me to fill out a new application.

My signature confirms that the information contained on this application is true and accurate.

Signature of applicant _____

Date _____