



# East End Hospice Application for Employment

## Personal Information:

Name (Last, First, Middle)

Address

Mailing Address

Phone: ( )

Social Security No:

Name and relationship of relatives that are employed by EEH:

Referred by:

Have you ever been convicted of a felony or misdemeanor? \*Excluding minor offenses such as parking tickets.

No  Yes, if yes explain

\*A conviction does not automatically mean you will not be selected for employment. Factors such as what crime you were convicted of and how long ago you were convicted are important considerations.

## Education:

School	Name and Location	Graduated	Major / Degree
High School		___ Yes ___ No	
College		___ Yes ___ No	
Other: Graduate Studies, Special Study, Certifications or Research			

## Employment Desired:

Position:

Date you can start?

Salary desired?

Are you employed now?

May we contact your employer?

## Former Employers:

Date Month / Year	Name and Address of Employer	Position Held	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

## References: (Work-Related Only)

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

- I certify that all of the statements made by me are true, complete and correct to the best of my knowledge.
- I understand that any misrepresentation, omission or falsification of the facts is cause for dismissal.
- I authorize investigation of all statements contained in this application, as well as obtaining a "consumer report" which may include information about my driver's license, previous employment, education, state criminal record, proof of license and social security.
- I understand that no contract of employment is offered by this application. I further understand that any employment offer is for no definite period and may be terminated at any time without previous notice.
- I understand that a medical examination is required, at my own expense, if employment is offered at EEH.
- East End Hospice does not discriminate based on race, creed, color, national origin, age, sex, sexual orientation, religion, disability, marital status, ancestry, citizenship, alienage, veteran status or any other classification protected by federal, state or local law, in admission or access to or treatment or employment in its programs or activities.

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

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### Applicant – Do not write below this line

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired  Yes  No      Position Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_