



229 W. General Screven Way, Suite E.

Hinesville, GA 31313

912-332-7969

## JOB/EMPLOYMENT APPLICATION

Your Family Hospice is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Please fill out all the sections below:**

### Applicant Information

**Applicant Name:**

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**Address:**

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**City, State and Zip Code:**

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**Telephone Number:**

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**Email Address:**

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**Date of Application:**

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### Employment Position

Position(s) applying for:

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How did you hear about this position?

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What days are you available for work?

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What hours or shift are you available for work?

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If needed, are you available to work overtime?

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On what date can you start working if you are hired?

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Do you have reliable transportation to and from work?

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Salary desired:

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### Personal Information

Have you ever applied to or worked for Your Family Hospice before?

Yes

No

If yes, when?

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Do you have any friends, relatives, or acquaintances working for Your Family Hospice

Yes

No

If yes, state name & relationship:

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Are you 18 years of age or older?

Yes

No

Are you a U.S. citizen or approved to work in the United States?

Yes

No

What document can you provide as proof of citizenship or legal status?

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Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Your Family Hospice complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

### **Education and Training**

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

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**Previous Employment**

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**Additional Information:**

Do you currently work for a hospice agency?

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Do you have a current and valid Certified Nursing Assistant or Professional Nursing License?  
If yes, please provide a copy.

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**AT-WILL EMPLOYMENT**

The relationship between you and Your Family Hospice is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Your Family Hospice. No representative of Your Family Hospice has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Administrator and/or CEO of our company.

**Agreement**

I certify that the answer contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. I also understand that if I am employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Hire Date:</b> _____</p> <p><b>(Admin Use Only)</b></p>
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