

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____	
SUPERVISOR(S)	TELEPHONE	Reason For Leaving	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____	
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____	
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING	

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. If working with or in proximity to patients you will be required to take a TB test or chest x-ray to screen for communicable Tuberculosis.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical examination to screen for any communicable diseases. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the Phoenician Hospice representative for details.