



Employment Application

Personal Data:

Name _____

Date _____

Permanent Address _____

Phone Number _____ Email _____

Job Interest:

Position Applied For _____

Indicate Availability To Work: Full Time/Part Time/Days/Evenings

Available To Start _____

Referral Source _____

Have you ever been employed by us before: Yes/No

Are you legally permitted to work in this country: Yes/No

Are you above the minimum working age of _____: Yes/No

Have you ever been convicted of a felony: Yes/No

If yes please explain _____

A positive response is not an automatic bar to employment with the company. The offense for which the person was convicted in relation to the position to which they have applied will be considered.

Please indicate availability to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Education:

Type	Name and Location	Courses Taken	Graduated Yes/No/Enrolled
High School			
College			
University			
Business, Trade, Technical			
Other			

Employment History:

(List previous employers beginning with most recent)

Company Name _____

Business Type _____

Address _____

Supervisor _____

Supervisor Title _____

Position _____

Full Time/Part Time/Temporary

Employment Dates (mm/yy): From ___ ___ / ___ ___ To ___ ___ / ___ ___

Ending Salary: _____

Reason for Leaving: _____ May we contact: Yes/No

Company Name _____

Business Type _____

Address _____

Supervisor _____

Supervisor Title _____

Position _____

Full Time/Part Time/Temporary

Employment Dates (mm/yy): From ___ ___ / ___ ___ To ___ ___ / ___ ___

Ending Salary: _____

Reason for Leaving: _____ May we contact: Yes/No

Company Name _____

Business Type _____

Address _____

Supervisor _____

Supervisor Title _____

Position _____

Full Time/Part Time/Temporary

Employment Dates (mm/yy):From __ __ / __ __ **To** __ __ / __ __

Ending Salary: _____

Reason for Leaving: _____ **May we contact: Yes/No**

Company Name _____

Business Type _____

Address _____

Supervisor _____

Supervisor Title _____

Position _____

Full Time/Part Time/Temporary

Employment Dates (mm/yy):From __ __ / __ __ **To** __ __ / __ __

Ending Salary: _____

Reason for Leaving: _____ **May we contact: Yes/No**

Professional References:

(Please list three professional references below)

Name	Company and Title	Business Telephone	Home Telephone

I declare that the facts set forth in my application are true and complete. I understand that if I am employed, false information stated in this application shall be sufficient cause for dismissal.

Applicants Signature: _____

Date: _____

Please return the application via:

Email: <mailto:familypillarsinfo@gmail.com>

Fax: (610) 625-2068

Mail: Family Pillars Hospice, 3910 Adler Place, Suite 130, Bethlehem, PA 18018

Thank you for applying!