



**P. O. Box 36, Hood River, OR 97031
541-387-6449 (Fax 541-386-6700)
Application for Employment
An Equal Opportunity Employer**

PLEASE PRINT:

Position applied for: _____ Date of application: _____

Name: _____

Address (include city/state/zip): _____

Telephone Number: _____ Social Security Number: _____

Drivers license number: _____ State: _____

Best time to call you at home: _____

May we contact you at work? Yes No If yes, work number: _____

Best time to call?: _____

Have you filed an application here before? Yes No If so, when? _____

Have you been employed here before? Yes No If yes, from _____ to _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Type of employment desired:

Full-time Part-time Temporary Volunteer

Date available for work: _____

Person to contact in case of emergency: _____

Work number: _____ Home number: _____

Have you been convicted of a felony in the last seven years? Yes No

If yes, please explain: _____

If you are an RN, or other professional requiring licensing, are you currently licensed? Yes No

License No.: _____ State: _____

Employment History

List your last four employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		From	To	
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference? Yes No Later		\$	Per	

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Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference? Yes No Later		\$	Per	

Comments (including explanation of any gaps in employment) _____

Educational Background

A. List last three schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average of Class Rank and **E.** Major and minor field of study (if applicable).

School	Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

List any foreign language(s) that you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Skills and Qualifications/Personal Statement

Each person involved in an organization brings a variety of skills, interests, and special attributes to that organization. Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions of the position for which you are applying. In addition, please specify why involvement in Hospice interests you; what personal attributes you will bring to this organization; what special things you can contribute.

List any additional information you would like us to consider:

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand that Hospice of The Gorge is a drug-free workplace.

I consent to be tested for TB (Tuberculosis). I understand that I cannot begin employment until the test is read, and a determination is made that I am disease-free.

I also consent to having a fingerprint/background and driving record check as a condition of employment.

This employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ **Date** _____

Pre-Employment Reference Request

Date: _____ **To:** _____

The person whose signature appears beneath mine has applied to Hospice of The Gorge for employment in the health care field and has submitted your name as a former employer for reference purposes.

The serious nature of our responsibility to our clients is such that any consideration of the individual by Hospice of The Gorge is dependent upon receipt of satisfactory references. We would, therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be kept in the strictest confidence. Thank you in advance for this courtesy.

Authorized Hospice Representative

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them.

Applicant's Signature _____ **Date** _____



Applicant Name: _____ Social Security No. _____

Position held in your employ: _____

Employment dates: From: _____ To: _____

Did applicant resign or was he/she terminated? _____

Reason for leaving? _____

Eligible for rehire? _____

Personal Evaluation	Above Average	Satisfactory	Below Average
Quantity of Work			
Quality of Work			
Attitude			
Emotional Stability			
Adaptability to Work Situations			
Dependability/Trustworthy			
Cooperation			
Ability to Accept Leadership Role			
Attendance and Punctuality			
Personal Appearance			

Comments _____

Date

Signature

Title