



Mays Hospice Care, Inc.



PROFESSIONALS GIVING THE HIGHEST QUALITY OF CARE AVAILABLE IN YOUR HOME

Application for Employment

Equal Opportunity/Affirmative Action Employer

Mays Hospice Care, Inc. Application for Employment (Continued)

Employment History:

This section **MUST BE COMPLETED** even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important. Volunteer work or internships may also be included. Additional employment information may be attached.*

Current or Most Recent Employer:

Full Time Part Time
() -

Address City State Zip Code Phone Number

Date employed: From _____ To _____

Job Title Supervisor's Name

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

Reason for Leaving:

Second Most Recent Employer:

Full Time Part Time
() -

Address City State Zip Code Phone Number

Date employed: From _____ To _____

Job Title Supervisor's Name

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

Reason for Leaving:

Third Most Recent Employer:

Full Time Part Time
() -

Address City State Zip Code Phone Number

Date employed: From _____ To _____

Job Title Supervisor's Name

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

Reason for Leaving:

Fourth Most Recent Employer:

Full Time Part Time
() -

Address City State Zip Code Phone Number

Date employed: From _____ To _____

Job Title Supervisor's Name

If currently employed, may we contact your supervisor? Yes No Salary: \$ _____ (monthly)

Duties: _____

Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

Mays Hospice Care, Inc. Application for Employment (Continued)

24. Education		Circle the highest grade completed									
		GED	9	10	11	12	Associate's	Bachelor's	Master's	Ph.D.	
High School Name:		Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>		City, State:				Year Graduated			
College/Technical School Name:	Field of study	Degree or number of sem. hrs		City, State:				Year Graduated			
College/Technical School Name:	Field of study	Degree or number of sem. hrs		City, State:				Year Graduated			
College/Technical School Name:	Field of study	Degree or number of sem. hrs		City, State:				Year Graduated			
License/Certificate (other than Driver's License):											
_____		License No.				Date issued:					
_____		Date Expires:				Issued By:					

25. General Skills/ Specialized Skills		Word Processing/Computer Skills - Software and years of experience:			0-1 yr	1-2 yrs	2+ yrs
Computer					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Word					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: PowerPoint					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: MS Publisher					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Excel					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Software: Access					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typewriter WPM _____					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAX					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBX System					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Qualifications Summarize specialized training, job-related skills, qualifications, apprenticeship, and extra-curricular activities acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Mays Hospice Care, Inc.
Application for Employment
(Continued)

References

(Name)	Phone#
(Address)	
(Name)	Phone#
(Address)	
(Name)	Phone#
(Address)	

CERTIFICATION

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the Mays Hospice Care, Inc., to conduct a background check pertaining to my suitability for employment which may include a criminal history check and medical evaluation. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I hereby release said companies, schools or persons from all liability for any damage of issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and if employed, would be cause for termination and this employer shall not be liable in any respect for such action or termination. As an applicant for employment with the Mays Hospice Care, Inc., I understand that, if hired, I must comply with the employee Drug and Alcohol Policy and the Immigration Reform and Control Act of 1986, which requires proof of employment eligibility. Additionally, I agree to submit to a pre-employment drug screening test if requested or required by the Mays Mays Hospice Care, In., and understand that my application will be rejected if I fail to do so. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature:

Date:

Additional page(s) attached? Yes No

