



UNITED HOSPICE OF ROCKLAND, INC.
Employment Application

Name:

Maiden Name or other names used or by which you are known:

Address:

Street City State Zip

Home Telephone #: _____

Business Telephone #: _____

Cell Phone #: _____

Email address: _____

Position Applied for:

Salary Requirement:

Applying For: Full Time Part Time Per Diem

Available Start Date: _____

Are you willing to work overtime as necessary? Yes No

Are you willing to drive in inclement weather? Yes No

Are you willing to drive to all towns, villages and neighborhoods in Rockland County and wherever assigned? Yes No

Are you a smoker? Yes No

Do you have internet and email access at home? Yes No

Are you proficient in Microsoft Windows? Yes No

Have you ever been convicted of a crime, including sex-related or child-abuse related crimes? Yes No

If yes, state nature of offense, when, where and disposition

Have you ever been excluded from participation in the federal health care program? Yes No

Educational History:

High School:

Address:

Course of Study: _____

Number of years completed? _____

General Education Diploma:

Address:

Professional Training:

Address:

Course of Study: _____

Number of years completed? _____ Degree Received? _____

College:

Address:

Course of Study: _____

Number of years completed? _____ Degree Received? _____

Graduate School:

Address:

Course of Study: _____

Number of years completed? _____ Degree Received? _____

Other Schools:

List Licenses/Certificates held, Field(s) of Practice, Dates Obtained:

Have you ever had your professional license revoked/suspended, or had disciplinary action taken against you? _____ No _____ Yes

If yes, provide details

Special Skills/Talents:

Are you a veteran? ____ Yes ____ No

If so, are you a combat veteran? ____ Yes ____ No

We like to honor our employees who are veterans; where did you
serve?

Work Experience: (List in order with last or current employer)

1. Employer:

Address:

Supervisor:

Telephone: _____ Name _____ Title _____
Fax: _____

Date of employment: From: _____ To: _____

Position Title:

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Reason for Leaving:

2. Employer:

Address:

Supervisor:

Telephone: _____ Name _____ Title _____
Fax: _____

Date of employment: From: _____ To: _____

Position Title:

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Reason for Leaving:

3. Employer:

Address:

Supervisor:

Telephone: _____ Name _____ Fax: _____ Title _____

Date of employment: From: _____ To: _____

Position Title:

Did you work: (Please check) ___ Full Time ___ Part Time ___ Per Diem

Reason for Leaving:

*May we contact ALL of the employers listed for references? _____

Personal References (excluding relatives)

1. Name/Address/ Tel. No.

2. Name/Address/ Tel. No.

UNITED HOSPICE OF ROCKLAND, INC.

I b]hYX' < cgd]W' cZ F cW' UbXz' =bW' fk cgd]W' E']g' Ub' Yei U' cddcfh b]hmYa d'cmYf' UbX' gi VgW]VYg'hc' : XYyFU' UbX' BYk' M'cf' _' GHUy' 'Uk' g' d'fc' \]V]h]b['X]gW]a]bUh]cb']b' Ya d'cma YbhVYWi gY' cZ fUWz' V'cfz' fY'] []cbz' gYI z' bUh]cbU' cf] []bz' U[Yz' a Uf]H'U' ghUH' gz' cf' X]gUV']]hm

PREEMPLOYMENT STATEMENT

=V'fh]Zm'h Uh'h Y']bZcfa Uh]cb' h'Uh' =\ Uj Y' d'fcj]XYX' cb' h']g' Udd']W]h]cb']g' h'f' Y' UbX' V'ea d'Yh' 'hc' h'Y' VYgh'cZ' a m' _bck' YX[Y'' 5bma]gfYdfYgYbhUh]cb' cf' ca]gg]cb' cZ Ubm' ZUVh']b' a m'Udd']W]h]cbz' fYgi a Y' cf' Ubm'ch' Yf' a UhYf]U'gz' cf' Xi f]b[']bhYfj]Yk' gz' Wb' VY' 'i gh]Z]W]h]cb' Zcf' fYz' gU' cZ' Ya d'cma Ybh'z' cfz']Z' Ya d'cmYXz' h'Yfa]bUh]cb' Z'ca ' < cgd]W' f'g' Ya d'cma Ybh' ' =i bXYfghUbX' h' Uh' Ug' Ub' Ya d'cmY' =Ua' V'ea a]hYX' hc' W' ghca Yf' gYfj]W' UbX' V'eb]bi ci g'ei U']]m]a d'fcj Ya Ybh'hc']bW' XY' d'fca ch]b[' d'cg]h]j Y' V'el' k' cf' _Yf' UbX' h'Y'Ua k' cf' _fY' Uh]cbg\]dg' UbX' gi d'cfh]b[' h'Y' [cU'g' UbX' a]gg]cb' cZ I < F' Ug' gYh' Zcf' h' Vm' h'Y' '6cUfX' cZ 8]fYV'cf' UbX' U'Xa]b]ghfUh]cb' cZ h'Y' U[YbW'h'

5bmicZZYf' cZ Ya d'cma Ybh'Z'ca ' < cgd]W' =a Um'fYW']j Y']g' V'eb]b]b[Ybhi d'cb' a mi gi W'V'ggz' ' V'ea d'Yh]cb' cZ < cgd]W' f'g' d'fY' Ya d'cma Ybh'g'W'Y'Yb]b[' d'fcW'ggz']bW' X]b[' fYW']dh'cZ' fYZ'fYbW'g' h' Uh']h' V'eb]g]XYf'g' gUh]gZUV'cf' m'UbX' a mi gUh]gZUV]cb' cZ U' 'dcgh'cZZYf' \YU' h' 'fY' UhYX' f'Yei]fYa Ybhg' ' ' 5g' d'Uf'hcZ']hg' g'W'Y'Yb]b[' d'fcW'ggz' I < F' k']' VY' V'ebXi W]b[' h'Y' Z' 'ck]b[' VUW' [fci bX' W' YW' g']b' U'W'V'fX'UbW' 'k']h' U[YbW'ndc']V'h'UbX' V'eb]g]gh'Ybh'k']h' h'Y' d'cg]h]cb' =g' U' ' \ c'X' . W]a]bU' VUW' [fci bXz' X'f]j]b[' fYV'efX' j Yf]Z]W]h]cbz' 9I W' XYX' DUfh]Yg' @gh]b[g#' fUi X' 5' Yfh' Zcf' A YX]W]Xz' A YX]W]fY' UbX' h'Y' CZZ]W' cZ h'Y' =bgdYV'cf' ; YbYfU''

=i bXYfghUbX' h' Uh' Ug' U' V'ebX]h]cb' cZ Ya d'cma Ybh' =a i gh' d'fcj]XY' U' d'YfgcbU' Ya U] ' UXX' fYgg' UbX' h' Uh' =V'eb]gYbh'hc' fYW']j]b[' Ya U] ' V'ea a i b]W]h]cb' Z'ca ' I b]hYX' < cgd]W' cZ F cW' _UbXz' =bW' Z'ca ' h]a Y' hc' h]a Y' UbX' Ygd'V'W'U' m'Xi f]b[' d'Yf]cXg' cZ Ya Yf[YbW'h' V'ebX]h]cbg''

I d'cb' Ya d'cma Ybh'z' =k]' fYW']j Y' U' V'edmicZ I < F' d'YfgcbbY' 'dc']V'Yg' ' ' =i bXYfghUbX' h' Uh' h'Yg' 'dc']V'Yg' UfY']bhYbXYX' Ug' [i]XY']bYg' cb' m' ' H'Y' dc']V'Yg' a Um'VY' Ua YbXYX' Uh' Ubm' h]a Yz' UbX' XYdYbX]b[' i d'cb' h'Y' d'Ufh]W' 'Uf' W'W' a gh]UbW'g' cZ U' d'Ufh]W' 'Uf' g]h' Uh]cbz' a UbU[Ya Ybh'U'W]cbg' a Umj UfmiZ'ca ' k' f]hYb' dc']V'h' ' H'Y' V'eb]h'Ybhg' cZ I < F' dc']V'Yg' Xc' bch'V'eb]g]h' h'Y' U' [i UfUbh'Y' cZ V'eb]bi YX' Ya d'cma Ybh' ' F Uh' Yfz' Ya d'cma Ybh'k']h' I < F']g' cb' Ub' ' I Uh' k']' ' VUg]g' ' ' H']g' a YUbg' h' Uh' h'Y' Ya d'cma Ybh' fY' Uh]cbg\]d' a Um'VY' h'Yfa]bUhYX' Uh' Ubm]h]a Y' Vm'Y]h' Yf' Ya d'cmY'Y' cf' a UbU[Ya Ybh'Zcf' Ubm'fYUgcb' bch' YI dfYgg' mid'fc' \]V]hYX' Vm' Uk ''

_____ Applicant Signature
_____ Date