

# Delaware Hospice Application for Employment

We consider applicants for all positions regardless of race, religion, color, creed, national origin, age, gender, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
Last Name	First Name
Middle Name	
Address: <i>Number</i>	<i>Street</i>
<i>City</i>	<i>State</i>
<i>Zip Code</i>	
Telephone number(s)	Social Security Number

The best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ a.m. p.m. (circle one)

If you are not yet 18 years old, can you supply required proof of your eligibility to work?     Yes     No

Have you ever filed an application with us before?     Yes     No  
 If yes, please give date \_\_\_\_\_

Have you ever been employed with us before?     Yes     No  
 If yes, please give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?     Yes     No

Currently, are you employed?     Yes     No

If so, may we contact your current employer?     Yes     No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?     Yes     No  
*Proof of citizenship or immigration status will be required upon employment.*

Date when your are able to begin work: \_\_\_\_\_

Are you available to work:

Full-Time (Please indicate 1 2 3 shift)

Part-Time (Please indicate Mornings Afternoon or Evenings )

Temporary (Please indicate dates available \_\_\_\_\_ to \_\_\_\_\_ )

Are you currently laid off and subject to recall?     Yes     No

Can you travel if a job requires it?     Yes     No

What are your salary requirements? \_\_\_\_\_

**Education**

	Name and Address	Course of study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Please describe any specialized training, apprenticeship, skills and extracurricular activities:

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Have you had any job-related training received while in the United States military? If so, please describe.

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## Employment Experience

Begin by giving information on your present or last job. Include any job-related military service assignments and volunteer activities. You may choose to exclude any organizations that indicate race, color, religion, gender, disabilities, national origin or any other protected status.

1.	Employer:	Dates Employed: From	To
	Address:	Job Title:	
		Supervisor:	
	Telephone Number(s):	Hourly Wage/Salary: Starting	Final
	Work Performed:		
	Reason for Leaving:		

2.	Employer:	Dates Employed: From	To
	Address:	Job Title:	
		Supervisor:	
	Telephone Number(s):	Hourly Wage/Salary: Starting	Final
	Work Performed:		
	Reason for Leaving:		

3.	Employer:	Dates Employed: From	To
	Address:	Job Title:	
		Supervisor:	
	Telephone Number(s):	Hourly Wage/Salary: Starting	Final
	Work Performed:		
	Reason for Leaving:		

4.	Employer:	Dates Employed: From	To
	Address:	Job Title:	
		Supervisor:	
	Telephone Number(s):	Hourly Wage/Salary: Starting	Final
	Work Performed:		
	Reason for Leaving:		

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

<p>List professional, trade, business or civic activities and offices held.</p> <p><i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>

**Additional Information**

**Other Qualifications:**

Please summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills: (Check skills/ Equipment Operated)**

Terminal

Spreadsheet

Production/Mobile Machinery (Please list)

PC/MAC

Word Processing

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Typewriter

Shorthand

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WPM: \_\_\_\_\_

WPM: \_\_\_\_\_

Other (Please List)

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Please indicate any additional information that you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applies? A review of the activities involved in such a job or occupation has been given.     Yes     No

**References**

1. Name	Address
Phone	
2. Name	Address
Phone	
3. Name	Address
Phone	

**Applicant's Statement**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 to whether or not applications are being accepted at that time.

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 the 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 such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Personnel Department Use Only**

Position(s) applied for is open:  Yes  No

Positions considered for: \_\_\_\_\_ Date: \_\_\_\_\_

Arrange for an interview?  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed  Yes  No Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_  
(name and title) (date)