

**CONTINUUM CARE HOSPICE**  
**APPLICATION FOR EMPLOYMENT**  
 AN EQUAL OPPORTUNITY EMPLOYER

**(PLEASE PRINT)**

Position(s) Applied For
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Last Name	First Name	Middle Initial	Alias or former name for reference checks	
Address (present) <i>Number</i>	<i>Street</i>	<i>City</i>		<i>State</i>
Telephone Number(s)		Social Security Number		
Home (    ) -                      Business (    ) -				
E-mail Address				

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM PM

If you are under 18 years of age, can you provide proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

May we contact your present 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 available to work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you available to work: \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Nights  
 \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays \_\_\_\_\_ Per Diem \_\_\_\_\_ On-Call

Hours per week you are willing to work:\_\_\_\_\_ Do you have your own transportation? \_\_\_\_\_

Have you ever been excluded or been determined ineligible for participation in Medicare or Medicaid?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of any criminal activity? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:  
 \_\_\_\_\_

\_\_\_\_\_

**Prior to employment, all employees undergo a criminal background and reference check along with a physical and drug screen.**

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

Employer	Dates Employed		Specifically describe duties. Include equipment operated and supervisory responsibilities, if any.
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor (Name & Title)			
Reason for Leaving		May we contact? _____ Yes _____ No	

## EDUCATION

School Name	Complete Address	Major	Minor	Years Completed	Type Diploma / Degree
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


### Registration / Certification / License

Type: _____	Number: _____	State: _____	Expiration: _____
Type: _____	Number: _____	State: _____	Expiration: _____

## ADDITIONAL INFORMATION

<b>Other Qualifications</b> <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

## PERSONAL/PROFESSIONAL REFERENCES *Do not include family members.*

Name	Phone Number	Occupation
1.		
2.		
3.		

Why do you want to work with hospice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the information contained in this application is true and complete. I understand that any falsification or omissions of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorize the listed employers, schools, and personal references, as well as any other persons; schools; companies; credit bureaus; state licensing; law enforcement and other government agencies; to give hospice (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release all parties from all liability, and agree not to file any claim, lawsuit of any other cause of action of any kind against any person or entity arising out of the furnishing or use of such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with hospice 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.

In consideration of my employment by hospice, I agree to learn and conform to hospice's rules and policies. I further agree that I have the right to terminate my employment without notice at any time for any reason, and that hospice also retains this right.

Hospice will retain this application for employment and consider applicant for employment for one year, after this time, an applicant must complete a new application to be considered for employment.

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**Signature of Applicant**

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**Date**

### NON-DISCRIMINATION

It is the policy of hospice to consider all applicants for employment without regard to age, race, religion, creed, color, physical/mental disability, marital status, sex, national origin, HIV-seropositive or AIDS, ancestry, military status or any other legally protected status. No questions on this application are intended to secure information to be used for such discrimination.

**Continuum Care Hospice  
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