

High Peaks Hospice Application for Employment



We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

| | | | | |
|---|---------------|---|-------|-----|
| Address | | City | State | Zip |
| Phone Number | Mobile Number | Email Address | | |
| Are You a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have You Ever Been Convicted of Any Violations of Law Including Traffic Other Than Non-Moving Violations? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Emergency Contact

| | | |
|------|-------|---------|
| Name | Phone | Address |
|------|-------|---------|

Position

| | | |
|---|----------------------|-------------|
| Position You Are Applying For | Available Start Date | Desired Pay |
| Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per-Diem | | |

Education

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References (must provide a minimum of three)

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Employment History

| | | | |
|---------------------|--------------------|-------|----------------|
| Employer (1) | Job Title | | Dates Employed |
| Work Phone | Reason for Leaving | | May we Contact |
| Address | City | State | Zip |
| Employer (2) | Job Title | | Dates Employed |
| Work Phone | Reason for Leaving | | May we Contact |
| Address | City | State | Zip |
| Employer (3) | Job Title | | Dates Employed |
| Work Phone | Reason for Leaving | | May we Contact |
| Address | City | State | Zip |
| Employer (4) | Job Title | | Dates Employed |
| Work Phone | Reason for Leaving | | May we Contact |
| Address | City | State | Zip |
| Employer (5) | Job Title | | Dates Employed |
| Work Phone | Reason for leaving | | May we Contact |
| Address | City | State | Zip |

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|---------------------|-----------|
| Name (Please Print) | Signature |
| Date | |