

Niagara Hospice House

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					DATE: _____		
Name			SS#				
Last	First	Middle					
Present Address _____							
Street	City	State	Zip				
Permanent Address _____							
Street	City	State	Zip				
Phone No.	Cell Phone No.	Are you 18 years or older		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
E-mail Address: _____							
Are you either a U.S. Citizen or an alien authorized to work in the United States?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a crime? _____							
If so explain: _____							
In order to protect the vulnerable and compromised patient's served by this organization, you are asked to disclose whether you have ever been charged with a crime that involves:							
1.	_____ the illegal use or sale of drugs						
2.	_____ physical or mental harm to another person						
3.	_____ theft and or illegal possession of weapons						

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY _____		

EDUCATION	NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY	PRESENT MEMBERSHIP IN
NAVAL SERVICE	NATIONAL GUARD OR RESERVE
	RANK

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

EMPLOYMENT HISTORY: LIST EMPLOYERS FROM MOST RECENT TO PAST

EMPLOYER	ADDRESS/PHONE NUMBER	DATES TO/FROM	SALARY	DUTIES/JOB TITLE
REASON FOR LEAVING:				
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REASON FOR LEAVING:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY: _____
 NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS CONTINUED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIV EYOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE SIGNATURE _____