

APPLICATION FOR EMPLOYMENT



Hospice of Davidson County
200 Hospice Way
Lexington, NC 27292
1-336-475-5444

We are an Equal Opportunity Employer. Federal and state laws prohibit against discrimination on the basis of age, race, color, gender, national origin, religion, and disability.

Applications are kept active for one year. After one year applications are archived, and you will need to fill out a new application. Please complete all fields.

Name _____

Last

First

Middle

Maiden

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Can you submit proof of legal employment authorizations and identity? No _____ Yes _____

Social Security Number _____ Email Address _____

Do you have a valid driver's license? No _____ Yes _____ If yes, please list drivers license number _____ State Issued _____

Positions applied for (1) _____ (2) _____

Full Time _____ Part Time _____ PRN _____ Weekends _____

Salary Requested _____ Hours preferred _____ am. ____ pm. ____

Have you ever filled out an application with Hospice of Davidson County before?

No _____ Yes _____ If yes, when _____

Have you ever been employed with Hospice of Davidson County?

No _____ Yes _____ If yes, when _____

Do you have relatives working for Hospice of Davidson County?

If yes, please list _____

Have you ever been convicted of any unlawful offenses, other than a minor traffic violation?

No _____ Yes _____ If yes, please explain in detail.

High School	College or University	Graduate/Professional
Name	Name	Name
Address	Address	Address
Highest grade completed	Years completed?	Years completed?
Did you graduate?	Did you receive a degree?	Did you receive a degree?

Are you attending school now? No _____ Yes _____

Course of Study _____ Expected Graduation Date _____

Military Service

Were you a member of the U.S. Military Service? No _____ Yes _____

Reserve Status Active _____ Inactive _____ Date of Discharge _____

Professional

LPN RN BSN NA I NA II BSW MSW MBA MDIV OTHER

Do you know a foreign language? No _____ Yes _____ If yes, please list foreign language _____ Do you speak and write the foreign language fluently? _____

Technical

Which of the following are you able to use proficiently?

Calculator ___ Fax ___ Voice Mail ___ Copy Machine ___ Word ___

Windows ___ Excel ___ Access ___ Power Point ___ Typing _____ wpm

Other Skills

EMPLOYMENT HISTORY (List present/most recent employer first)

Company/Agency Name	Check One: Full-time _____ Part-time _____
Address:	Dates employed (Month & Year) From: _____ To: _____
Name of Supervisor _____ Phone _____	Salary/hourly Rate
Job Title _____ Duties _____ _____	Reason for Leaving
May we contact your employer?	
Company/Agency Name	Check One: Full-time _____ Part-time _____
Address:	Dates employed (Month & Year) From: _____ To: _____
Name of Supervisor _____ Phone _____	Salary/hourly Rate
Job Title _____ Duties _____ _____	Reason for Leaving
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