

**SANCTUARY HOSPICE**  
**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

Positions Applied For: \_\_\_\_\_

Today's Date \_\_\_\_\_

Specify Shifts You Are Available To Work		Will Accept Employment			Salary Expected
___ Day	___ Evening	___ Full Time	___ Part Time	___ PRN	
___ Night	___ Weekend				

Name: \_\_\_\_\_  
                     Last                      First                      Middle

Social Security Number: \_\_\_\_\_

Present Address \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Education: Institution	City/State	Dates Attended	Graduated Yes/No	Date	Degree	Major
High School						
College/University						
Trade School						
Other						

Are you currently enrolled in school? \_\_\_\_\_ If "yes," course of study: \_\_\_\_\_

List any professional/occupational License: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**List Complete Employment History Beginning With Most Recent Experience. Include U.S. Military**

*Name of Employer: _____	Job Title: _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip Code: _____	Salary: _____
Supervisor's Name and Title: _____	May we contact? _____
Date Started: _____ Date Ended: _____	Reason for leaving: _____

*Name of Employer: _____	Job Title: _____
Address: _____	Phone Number: _____
City: _____ State: _____ Zip Code: _____	Salary: _____
Supervisor's Name and Title: _____	May we contact? _____
Date Started: _____ Date Ended: _____	Reason for leaving: _____

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Have you ever been convicted of a crime? Yes No If yes, explain nature of crime: \_\_\_\_\_

Do you need accommodation (covered under the Americans with Disabilities Act) to successfully do the work for which you have qualified? Yes No If yes, describe: \_\_\_\_\_

Date available for work? \_\_\_\_\_

May we contact your former employer? Yes No

**Personal References (excluding relatives):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Occupation: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Non-Discrimination Policy**

Sanctuary Hospice is an equal opportunity employer and will not discriminate on the basis of age, sex, marital status, race, creed, color, religion, national origin or handicap in accordance with Title VI of the Civil Rights Act of 1964 and all other federal guidelines.

**Certification of Applicant**

I hereby certify that all information given by me in this application or other documents is true in all aspects. I understand that misrepresentation or omission of facts will result in cancellation of my consideration for employment or dismissal if employed. I further certify and agree to abide by and comply with all of the rules and policies of Sanctuary Hospice

**Authorization for Release of Information**

I hereby consent to an inspection of records and documents in the possession of former employers that may be material to an evaluation of my employment. I hereby release from any liability all persons, and organizations, institutions and former employers who provide information to Sanctuary Hospice in good faith and without malice, concerning my competence, ethics, character, ability to work with others, and other qualifications for employment, including what may be considered privileged or confidential information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date