



APPLICATION FOR EMPLOYMENT

Name: _____ Social Security No: _____ - _____ - _____
Last First Middle

Present Address: _____ How long have you lived there? _____
Street & No. City/State Zip Years Months

Previous Address: _____ How long did you live there? _____
Street & No. City/State Zip Years Months

Telephone No: _____

Are you 18 years of age or older? Yes No

Have you ever worked at this company before? Yes No
If yes, please give dates and position: _____

Do you have any friends or relative that work here or any Florida Hospice program?
If yes, Name: _____ Relationship: _____

Can you provide proof of U.S. Citizenship or legal eligibility for employment in the U.S. prior to beginning work? Yes No

If required, can you obtain or do you possess a valid Florida State Driver's license? Yes No

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have and criminal charges pending? Yes No

Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

| | | | | |
|--|----------------|-----|----------------------------|--------------------|
| Present or past employer: _____ Address _____ City/State/Zip _____ Telephone _____ | From To | Pay | Position Supervisor | Reason for leaving |
| Previous employer: _____ Address _____ City/State/Zip _____ Telephone _____ | From To | Pay | Position Supervisor | Reason for leaving |
| Previous employer: _____ Address _____ City/State/Zip _____ Telephone _____ | From To | Pay | Position Supervisor | Reason for leaving |
| Previous employer: _____ Address _____ City/State/Zip _____ Telephone _____ | From To | Pay | Position Supervisor | Reason for leaving |
| Previous employer: _____ Address _____ City/State/Zip _____ Telephone _____ | From To | Pay | Position Supervisor | Reason for leaving |

Have you ever been terminated? [] Yes [] No

If yes, please explain the circumstances: _____

EDUCATION

| | School Name/Location | Years Completed | Degree | Study/Major |
|-----------------------|----------------------|-----------------|--------|-------------|
| Elementary | | | | |
| High School | | | | |
| College/University | | | | |
| Graduate/Professional | | | | |
| Trade/Correspondence | | | | |
| Other | | | | |

PERSONAL REFERENCES

(No relatives)

| Name | Relationship | Address | Telephone Number |
|------|--------------|---------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I HEREBY CERTIFY that all information that I have provided in this application is true and accurate.

Date

Signature of Applicant

This company is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, disability, or national origin.

**EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship to make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for holding such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer an expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing this application, I certify that all the information I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this company to obtain such a report or reports for the use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others who I am acquainted or who may have knowledge concerning any such items of information.