

Position Applied For: ___ Health Aide ___ RN ___ LPN ___ Clerical ___ Other _____

**Circle of Friends Homecare
Circle of Life Hospice
Application for Employment**

Name _____ Date _____

Address _____
Street city state zip

Telephone number _____ Social Security No. _____

Are you authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No

How did you learn of this opening? ___ Friend ___ Newspaper ___ Other _____

Have you applied with us previously? ___ Yes ___ No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? ___ Yes ___ No

Level of Employment Preferred: ___ Occasional ___ Part time ___ Full time

Are there any days you cannot or will not work? _____

Are there any hours during the day you cannot or will not work? _____

Hours and days preferred _____

Do you have a record of founded child or dependent adult abuse? ___ Yes ___ No

Have you ever been convicted of a crime in this or any other state? ___ Yes ___ No

(Conviction will not necessarily disqualify an applicant for employment.)

If yes answered to above question please describe: _____

References (Please List Only Business Professionals, Professors, co-workers, pastors, former employers, etc.)

(No Family Members or Friends)

Name	Street City State	Relationship	PH#	Yrs Known

Last School Attended _____ Diploma ____ Yes ____ No

Wage or salary desired _____ How soon can you start? _____

May we contact your present employer? ____ Yes ____ No

Most Recent Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

Previous Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

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In addition to your work history, what other experiences, skills or qualifications do you possess that would be an asset to our agency? (Feel free to expand on back of form.)

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements, or misrepresentations may result in my dismissal. I authorize Circle of Friends Homecare/Circle of Life Hospice to investigate any facts set forth in this application. I understand that employment at Circle of Friends Homecare/Circle of Life Hospice is "at will", which means that either I or the agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's Signature _____ **Date** _____

