



## Employment Application

Blue Ridge Hospice is an Equal Opportunity Employer

Hospice Location \_\_\_\_\_ Position Desired \_\_\_\_\_ Date \_\_\_\_\_

When Available \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ PRN \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Business Number (\_\_\_\_\_) \_\_\_\_\_

S.S. Number \_\_\_\_\_ Professional License No. \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Auto Liability Coverage?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

Date \_\_\_\_\_ Place \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you have a spouse, child, parent or sibling employed by Blue Ridge?  Yes  No

If yes, office location: \_\_\_\_\_ Employee's title: \_\_\_\_\_

List any professional credential, certifications and licenses held which you feel are pertinent to the position for which you are applying: \_\_\_\_\_

EDUCATION	NAME & LOCATION	YEARS COMPLETED	DEGREE/CERTIFICATE PURSUED
High School			
College			
Trade/Business School			

# EMPLOYMENT EXPERIENCE

List most recent first

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. (      )	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. (      )	
DUTIES			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE NO. (      )	
DUTIES			
REASON FOR LEAVING			

## PROFESSIONAL REFERENCES

Do not list relatives

NAME	JOB TITLE	COMPANY
ADDRESS	CITY	STATE & ZIP
TELEPHONE NUMBER DAY (     )	EVENING (     )	
WORK RELATIONSHIP TO REFERENCE		

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**APPLICANT CONSENT (Please read the following statements carefully)**

**This organization does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age or disability.**

Blue Ridge Hospice is committed to protecting the safety and welfare of its employees and wishes to set a positive example. Therefore, all Blue Ridge Hospice facilities are smoke free environments.

I give Blue Ridge Hospice the right to investigate all references and to secure past employment information. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or pertinent omissions may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date.

I understand that if hired, my employment can be terminated, with or without cause, at any time at the discretion of either the organization or myself. I understand that no management official is authorized to make any oral assurance or promise of employment and/or continued employment, and that any such pledge or agreement must be in writing and signed by the CEO.

I fully understand that if hired, I am at any time subject to random drug testing without notice and that continued employment may be contingent on those test results or my refusal to be tested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application will be considered active for a period of six (6) months.