HOSPICE PROVIDERS
OF THE DESERT, INC.

268 N Lincoln Ave Suite 7A Corona, CA 92882
Phone: (951) 808 3060 • (888) 868-0059 Fax: (951) 808-3078
Email: info@hospicePD.com
Website: www.hospicePD.com

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

(Please Print)
Name: _____, _____
Last First Middle

Home Telephone ( )_____ Business/Other ( ) _____

Social Security No. _____ DOB: _____

Emergency contact name: _____ Phone No. _____

Present Address: _____
Number Street City State Zip Code

Position Applying For: _____

Full time: _____ Regular Part Time: _____ On-Call/per visit: _____ Other: _____

What days and hours are you available for work? _____

Would you be available to work overtime if necessary? _____

If hired, on what date can you start? _____ Wages desired: $_____ per _____

PERSONAL INFORMATION:

Have you ever applied or worked for **HOSPICE PROVIDERS OF THE DESERT, INC.** before?

❒ Yes ❒No

If yes, give date(s) _____

How did you hear about us? _____

Have you ever been excluded from participating in the Medicare/Medicaid Program? ❒ Yes ❒No

Why are you applying for work at **HOSPICE PROVIDERS OF THE DESERT, INC.**?

_____

_____

_____

If hired, would you have a reliable means of transportation to and from work? ❒ Yes ❒No

Are you at least 18 years of age? ❒ Yes ❒No

If hired, can you present evidence of your U.S. Citizenship or proof of your legal rights to work in this country? ❒ Yes ❒No

Have you ever been convicted of criminal offense (felony or serious misdemeanor; convictions for marijuana-related offenses that are more than two years old need not be listed)? ❒ Yes ❒No

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If yes, state the nature of crime(s), when and where convicted and disposition of the case:

_____

_____

_____

_____

NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Are you currently employed? ❒ Yes ❒No

May we contact your current/former employer? ❒ Yes ❒No

EDUCATION TRAINING & EXPERIENCE:

School	Name & Address	#of Yrs Completed	Did you graduate	Degree/Diploma
High School			❒ Yes ❒No	
College			❒ Yes ❒No	
Vocational			❒ Yes ❒No	
Health Care			❒ Yes ❒No	
Other			❒ Yes ❒No	

Some clients do not speak English. Do you speak another language, other than English?

Language(s):

1. _____ ❒ Speak ❒ Write
2. _____ ❒ Speak ❒ Write
3. _____ ❒ Speak ❒ Write

Do you have any experience, training, qualifications, or skills which you feel make you especially suited for the work at **HOSPICE PROVIDERS OF THE DESERT, INC.**? If so, please explain:

_____

_____

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Please answer the following questions if you are applying for a professional position.

Are you licensed/Certification: _____

Issuing Date: _____

License/Certification Number: _____

Has your License/Certification ever been revoked or suspended? ❒ Yes ❒No

If yes, state reason(s), date of revocation or suspension and date of reinstatement:

_____

_____

_____

_____

EMPLOYMENT HISTORY - in addition to RESUME

Please list below all present and past employment starting with your most recent employer (for at least the last five years); use back of the paper if necessary. Account for all periods of unemployment:

Name of Employer:	From:	To:
Address:		Tel:
Supervisor's Name:		
Position Held:	Wage **START:**	**END:**
Reason for Leaving	Work Performed	

Name of Employer:	From:	To:
Address:		Tel:
Supervisor's Name:		
Position Held:	Wage **START:**	**END:**
Reason for Leaving	Work Performed	

Name of Employer:	From:	To:
Address:		Tel:
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Position Held:	Wage **START:**	**END:**
Reason for Leaving	Work Performed	

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Name of Employer:	From:	To:
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Reason for Leaving	Work Performed	

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Name of Employer:	From:	To:
Address:		Tel:
Supervisor's Name:		
Position Held:	Wage **START:**	**END:**
Reason for Leaving	Work Performed	

MILITARY SERVICES:

Have you obtained any special skills or abilities as the result of service in the military? ❒ Yes ❒No

If yes, please describe: _____

_____

_____

REFERENCES:

List below three persons not related to you, who have knowledge of your work performance within the last three years.

Name: _____

Address: _____

Number Street City State Zip Code

Occupation: _____

Telephone No. ( ) _____ No. of Years Acquainted: _____

Name: _____

Address: _____

Number Street City State Zip Code

Occupation: _____

Telephone No. ( ) _____ No. of Years Acquainted: _____

Name: _____

Address: _____

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Number Street City State Zip Code

Occupation: _____

Telephone No. ( ) _____ No. of Years Acquainted: _____

Name: _____

Address: _____

Number Street City State Zip Code

Occupation: _____

Telephone No. ( ) _____ No. of Years Acquainted: _____

For Office Use Only:

Interviewed by:_____ Date:_____

Action: Hired? Yes___X__ No_____ (Explanation)_____

If Hired, Start date:_____ Rate:_____per _HOUR__ Department:_____

Position:_____

Approved By:_____