



PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

APPLICATION FOR
EMPLOYMENT

PLEASE COMPLETE ALL PAGES

DATE _____

Name _____

Last

First

Middle

Maiden

Present address _____

Number

Street

City

State

Zip

Telephone (_____) _____

Email address: _____

Are you legally eligible for employment
in the United States? Yes ____ No ____

If under 18, please list age _____

Position applied for (1) _____

and salary desired (2) _____

(Be specific)

Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Are you willing to serve "on-call" duty and/or work outside your normal work schedule as needed? Yes No

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date available to start work _____

EDUCATION	NAME OF SCHOOL	LOCATION (City and State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School / GED				
College				
Bus. or Trade School				
Professional School				

*HAVE YOU EVER BEEN CONVICTED OF A CRIME (including guilty pleas and/or no contest pleas)? No Yes

A 'yes' answer does not necessarily disqualify you from employment

If yes, please state date(s) and nature of crime(s). _____

*Oregon law (ORS §181.534, §181.537) permits certain employers that provide care to elderly or dependent persons, including HCNW, to obtain a fingerprint-based criminal history records check of an individual; that individual may obtain a copy of the report and challenge its accuracy or completeness. In addition, HCNW reserves the right to refuse employment in certain other circumstances due to the nature of the position applied for and the applicant's criminal history.

Work Experience Please list your work experience for the **past fifteen years** beginning with your most recent job held, including U.S. military service. If you were employed under a different name, please indicate name(s) used. Include periods of self-employment. **Attach additional sheets if necessary.**

Name of employer :	Name of last supervisor	Employment dates	Pay or salary
Address, City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____			

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Address, City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

Please explain any periods of unemployment in past fifteen years: _____

May we contact your present employer? Yes No

Have you ever been terminated or asked to resign? Yes No If yes, please identify employer and explain:

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Driver's license number _____ State of issue _____ Expiration date _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

If yes, describe circumstances:

Have you had any moving violations during the past three years? Yes No If yes, how many: _____ Describe:

Please list two references other than relatives or personal friends.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

ACKNOWLEDGEMENT

I certify that all the information on this application (and accompanying resume, if any) is accurate and complete to the best of my knowledge, and understand that misleading or false statements or material omissions may result in refusal to hire or dismissal if I have been employed, no matter when discovered by Hospice Care of the Northwest ("HCNW").

I understand that HCNW is an "at will" employer, that any employment offered is for an indefinite duration, and that either I or HCNW may terminate my employment at any time with or without notice or cause. I also understand that HCNW may change or delete employment policies and practices at any time, including the terms and conditions of employment.

I understand that any offer of employment will be conditioned upon the results of a background check, including criminal history, prior employment, education, and/or licensure verification. I also understand that an offer of employment may be conditioned upon the results of drug testing, if requested by HCNW. I release HCNW, its employees and agents, from any and all liability arising out of or related in any way to such testing.

Signature of applicant _____

Hospice Care of the Northwest is an equal employment opportunity employer and does not discriminate against qualified candidates on the basis of race, gender, religion, national origin, age, marital status, disability or other protected category under applicable law.