

SONATA HOSPICE
Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

Date of Application:

Last Name	First Name	Middle	Social Security No.	
Present Address	City		State	Zip Code
Permanent Address	City		State	Zip Code
Home Phone	Message Phone	Referred By:		

EMPLOYMENT DESIRED

Position	Date Available	Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (<i>Proof of citizenship or immigration status will be required upon employment</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION RECORD

	NAME, CITY & STATE OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DIPLOMA DEGREE
High School				
Undergraduate College				
Graduate Professional				
Technical or Vocational School				

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	State Issued	Date issued	Expires On	Number
Type	State Issued	Date issued	Expires On	Number

REFERENCES

NAME	ADDRESS	PHONE NUMBER

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EMPLOYMENT EXPERIENCE List your last or present employer first (including volunteer experience) and account for any lapse of time between employment. List at least three employers or employment history of five years, whichever is greater.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I understand that my employment with this organization is "at will" which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the organization from all liability for any damage that may result from utilization of such information.

 SIGNATURE OF APPLICANT

 DATE