



**Employment Information**

Position Applied for:						Application Date:	
Type of Employment requested:		FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	PRN <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	Desired Salary:	\$
Can you work?	EVENINGS <input type="checkbox"/>	NIGHTS <input type="checkbox"/>	WEEKENDS <input type="checkbox"/>	Date Available for Work:			

**Applicant Information**

Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
<i>Street Address</i>			<i>Apartment/Unit #</i>
<i>Mailing Address</i>			
<i>City</i>	<i>State</i>		<i>ZIP Code</i>

Home Phone: ( )	Cell Phone: ( )	E-mail Address:	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
Are you a resident of South Carolina?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How long? (years):
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Are you over the age of 18 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony or other crime? <i>If yes, explain below.</i>
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>

If you are applying for a position that requires driving a motor vehicle, please complete the following:

Do you have a valid South Carolina driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, driver's license number:		Expiration Date:	
If no, do you have a valid driver's license in another state? What state:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, driver's license number:		Expiration Date:	
Have you been convicted of or pled guilty to any traffic-related offense within the past 3 years?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? <i>If yes, explain below.</i>					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is anyone related to you employed by HospiceCare of the Piedmont, Inc.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please give name and relationship:		

**Education**

High School:			Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:			Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:			Address:			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			

Please use the space below to list any special skills/licenses/certificates you have that relate to the position applied for:

**Previous Employment (Begin with current or most recent employer)**

Company:				Company Phone:	( )
Address:				Supervisor's Name:	
Job Title:		Starting Pay:	\$	Ending Pay:	\$
Job Duties:					
Dates Employed				Reason for Leaving:	
From:	To:				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Company Phone:	( )
Address:				Supervisor's Name:	
Job Title:		Starting Pay:	\$	Ending Pay:	\$
Job Duties:					
Dates Employed				Reason for Leaving:	
From:	To:				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Company Phone:	( )
Address:				Supervisor's Name:	
Job Title:		Starting Pay:	\$	Ending Pay:	\$
Job Duties:					
Dates Employed				Reason for Leaving:	
From:	To:				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Disclaimer and Signature (Please read carefully)**

*I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.*

*I expressly authorize, without reservation, HospiceCare of the Piedmont, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the HospiceCare of the Piedmont, Inc., its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.*

*I understand that this application remains active for only 90 days. At the conclusion of that time, if I have not heard from HospiceCare of the Piedmont, Inc. and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application*

*In consideration of my employment, I agree to conform to HospiceCare of the Piedmont, Inc.'s rules and regulations and I understand that these rules, regulations and/or the personnel policy manual do not form a contract of employment, either express or implied. I also understand that my employment and compensation can be terminated or changed, with or without cause and with or without notice, at any time, at either my or HospiceCare of the Piedmont, Inc.'s option.*

*I understand that no HospiceCare of the Piedmont, Inc. representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.*

Signature:		Date:	
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