

# Hospice & Palliative Care of the Piedmont, Inc.

An Equal Opportunity Employer

Applications Remain Active for 90 Days

## 1. APPLYING FOR:

Application Date \_\_\_\_\_ Job Applied For \_\_\_\_\_ Requested Status (circle all that apply) Full-Time Part-Time PRN Temporary Can you work? (circle all that apply) Evenings Nights Weekends  
Date Available for Work \_\_\_\_\_ Desired Salary \_\_\_\_\_ Are you over the age of 18? Yes No

## 2. HOW DO WE CONTACT YOU?

Your Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Mobile Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

## 3. TELL US ABOUT YOUR EDUCATION:

High School (Name) \_\_\_\_\_ (Location) \_\_\_\_\_  
Diploma  Other (Specify)  \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_  
College Graduate? Yes  No  If no, give total credit received \_\_\_\_\_ Your Name If Different While Attending School \_\_\_\_\_

### Give name & address of school, major course of study, and degree received.

Undergraduate College / University		Graduate School	
Degree	Year Degree Obtained	Degree	Year Degree Obtained
Pertinent Undergraduate Courses	Credits	Pertinent Graduate Courses	Credits

## Job-Related Training and Course Work

List any skills, licenses, and certificates which are related to the job you seek (including words per minute typing speed and computer software proficiency).

Are you legally authorized to work in the United States? Yes  No   
Are you a resident of South Carolina? Yes  No  For more than 1 year? Yes  No   
Do you possess a valid Driver's License? Yes  No  What State? \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class (circle one): A B C D E F M G  
Have you been convicted or pled guilty to any traffic-related offense within the past 3 years? Yes  No   
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes  No   
Comments: \_\_\_\_\_

Do you have any relatives employed with HospiceCare of the Piedmont? Yes  No  If yes, please provide name(s) below:  
Name \_\_\_\_\_ Relation \_\_\_\_\_

Have you ever worked for HospiceCare of the Piedmont, Inc.? Yes  No  If yes, when? \_\_\_\_\_

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

If yes, please list charge(s): \_\_\_\_\_

Where convicted: \_\_\_\_\_ Date convicted: \_\_\_\_\_ Disposition/Status \_\_\_\_\_

*Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.*

#### 4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.**

Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job duties (give details) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

*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, Hospice & Palliative Care 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 Hospice & Palliative Care of the Piedmont, Inc., its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory 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 Hospice & Palliative Care 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 Hospice & Palliative Care 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 Hospice & Palliative Care of the Piedmont, Inc.'s option.*

*I understand that no Hospice & Palliative Care 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.*

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_