

HOSPICE SERVICES OF MASSACHUSETTS

An Equal Opportunity Employer

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Hospice Services of Massachusetts.

1. Position Applying For _____

(one per application)

(Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

2. Social Security No. _____

3. Full legal name _____

Last First Middle

4. Home Phone (_____

5. Address _____

6. Business Phone (_____

City State Zip

7. E-mail Address _____

8. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution

Degree Received

Major or Specialty

Minor

Dates Attended

	Name and Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion _____

9. EXPERIENCE —Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary _____ (finish) _____

Dates _____ to (mo/yr) _____

Full-time _____ Part-time _____ Hours/week _____

b. Job Title _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary _____ (finish) _____

Dates _____ to (mo/yr) _____

Full-time _____ Part-time _____ Hours/week _____

Duties: _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties: _____

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Applicant Name: _____

c. Job Title

Duties:

Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Salary _____ (finish) _____
Dates _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

Number and titles of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including previous hospice experience, workshops, and special achievements or specialized skills:

e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
_____	_____	_____

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

11. MISCELLANEOUS

a. Check which job status you will accept: Full-time Part-time (specify) _____

b. Are you willing to provide your own transportation if necessary for your employment? Yes No.

c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

___ Month ___ Day ___ Year

13. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Hospice Services of Massachusetts. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Hospice Services of Massachusetts to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____