

1. Are you employed now? Yes_____ No_____

2. When would you be available to begin work if offered a position of employment?

3. Have you ever been employed by Hospicare? Yes_____ No_____ Dates: _____

4. Have you ever volunteered at Hospicare? Yes_____ No_____ Dates: _____

5. Why are you interested in working for Hospicare? _____

6. Do you own a car? _____

7. Do you have a current NYS driver's license and current insurance? _____

8. Have you ever had a problem involving absenteeism or lateness? Yes_____ No_____

If yes, please explain: _____

9. Have you used illegal drugs within the last six months? Yes_____ No_____

10. Have you ever been convicted of a criminal offense? Yes_____ No_____

If yes, please explain: _____

EMPLOYMENT RECORD – Please list most recent job first:

Name and address of employer: _____

Employment dates (Month/Year) From: _____ To: _____

Your job title and major duties: _____

Reason for leaving: _____

Is it OK to contact employer for reference? Yes_____ No_____

Person to contact for work reference (immediate supervisor):

Name: _____ Telephone: (_____) _____

Name and address of employer: _____

Employment dates (Month/Year) From: _____ To: _____

Your job title and major duties: _____

Reason for leaving: _____

Is it OK to contact employer for reference? Yes____ No____

Person to contact for work reference (immediate supervisor):

Name: _____ Telephone: (____) _____

Name and address of employer: _____

Employment dates (Month/Year) From: _____ To: _____

Your job title and major duties: _____

Reason for leaving: _____

Is it OK to contact employer for reference? Yes____ No____

Person to contact for work reference (immediate supervisor):

Name: _____ Telephone: (____) _____

Additional references (please do not use relatives). Please include at least three.

Name and Occupation Known	Address	Telephone	Years



PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that all statements made here are subject to verification by Hospicare and Palliative Care Services (HPCS) and I release, indemnify and hold harmless Hospicare from and against all liability which might result from making such a verification or investigation. For all positions, the investigation will include a criminal history record check. I agree that the contents of this application form and related reports may be used by HPCS in any manner it may wish. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed. I further understand that if I am under 18 years of age, and if I am hired, I must furnish to HPCS documents sufficient to demonstrate identity and eligibility to work in the United States, as required by the Immigration Reform and Control Act of 1986.

I understand nothing contained in this application or in the granting of an interview is intended to create an employment contract between HPCS and me for either employment or for the granting of benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon HPCS unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that HPCS retains a similar right. I further understand that if I am hired, the first three months of employment will be a probationary period, and that I must satisfactorily complete a 3-month period of employment before I am classified as a regular employee and become entitled to the benefits of that classification.

Date _____ Signature _____

Social Security No. _____

172 East King Road · Ithaca, NY 14850 · T 607.272.0212 · F 607.272.0237