



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

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### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle-not initial)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone(s): \_\_\_\_\_  
(Day) (Evening)

Referred by: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_ Yes \_\_\_\_ No

Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? \_\_\_\_ Yes \_\_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) \_\_\_\_ Yes \_\_\_\_ No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case: \_\_\_\_\_

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date You \_\_\_\_\_ Salary/Hourly Rate  
Can Start: \_\_\_\_\_ Desired: \_\_\_\_\_

Position you are applying for:

Regular full-time work? ..... ☐ Yes ☐ No  
Regular part-time work? ..... ☐ Yes ☐ No  
Per diem work? ..... ☐ Yes ☐ No  
Temporary work (e.g. summer or holiday work)? ..... ☐ Yes ☐ No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends? ☐ Yes ☐ No

Would you be able to work overtime if necessary? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

Ever applied to this company before? ☐ Yes ☐ No When? \_\_\_\_\_

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**EDUCATION:** You may skip this section **ONLY** if the information below is included in your attached resume. Attach additional page if necessary.

	Name and Location of School	# Yrs Completed	Mo/Yr Last Attended	Major and Degree(s) received
High School				
College				
College				
Healthcare Training				

Do you speak, write, or understand any foreign languages? ☐ Yes ☐ No

If yes, which language(s) and at what degree of proficiency? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at THE HOSPICE OF SAN DIEGO? \_\_\_\_ Yes \_\_\_\_ No

If so, please explain: \_\_\_\_\_

**If applying for a professional position:**

Has your license/certification ever been revoked or suspended? \_\_\_\_ Yes \_\_\_\_ No

If yes, state reason(s), date of revocation/suspension, and date of reinstatement: \_\_\_\_\_

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**FORMER EMPLOYERS:** List below your last four employers, starting with the most recent one first. You may skip this section **ONLY** if the information is already included in your attached resume. Attach additional page if necessary.

Date Month and Year	Name and Address of Employer	Position	Reason for Leaving	May we contact this employer for a reference?
From				____ Yes ____ No
To				If yes, phone #: ( ) ____-____
From				____ Yes ____ No
To				If yes, phone #: ( ) ____-____
From				____ Yes ____ No
To				If yes, phone #: ( ) ____-____
From				____ Yes ____ No
To				If yes, phone #: ( ) ____-____

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**REFERENCES:** List below three persons not related to you, whom you have known at least one year. You must provide at least 2 professional references (including those listed above). You may skip this section if you provided at least 3 references above.

Name and Occupation	Phone Number	Address	Relationship	Years Acquainted
1.				
2.				
3.				

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**AUTHORIZATION:**

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify

that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that any employment is conditioned on a background check and my ability and willingness to attest to my identity and employment eligibility and the presentation of any documents deemed necessary by the company to verify my identity and employment eligibility.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the checkbox below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above or other references provided from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

Should a job offer be made, I understand I may be required to take and pass a job-related physical exam and such future examinations as required by The Hospice of San Diego.

As part of this application, I understand that if I am employed I will be required to comply with all policies and procedures for employees of The Hospice of San Diego. I understand that these policies and procedures may be changed, interpreted, withdrawn, or added to at the discretion of Hospice without prior notice to me.

I understand it is the policy of The Hospice of San Diego and its subsidiaries to comply with the Drug-Free Workplace Act of 1988.

I acknowledge and agree that this application will be considered by The Hospice of San Diego for no longer than 90 days from the date it was made.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without a fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.**

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(Signature)

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(Date)