



Oklahoma Hospice Care

APPLICATION FOR EMPLOYMENT

Personal Information

Today's Date _____

Print Name _____ Phone _____

Current Address _____

Former Address _____

Referred By _____ Are you over age 18? Yes No

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, the presence of a non-job related medical condition or handicap or other categories governed by applicable. We are an equal opportunity employer.

For Our Reference

Position Desired _____ Salary Desired _____

Date Available _____ Have you worked here before? Yes No

Ever applied here before? Yes No Are you related to anyone working here? Yes No

Are you employed now? Yes No Will your present employer provide a reference? Yes No

Have you been convicted of any felonies? Yes No If yes, describe: _____

Emergency Contact _____ Phone _____ Relationship _____

Address _____

Employee History *List your last four employers, beginning with the current or most recent first.*

Employer Name _____ **Address** _____

Employment Dates _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Employer Name _____ **Address** _____

Employment Dates _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Employer Name _____ **Address** _____

Employment Dates _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Employer Name _____ **Address** _____

Employment Dates _____ to _____ Salary _____ Position _____

Reason for Leaving _____

Applicant Name _____

Physical Data

Do you have any physical or mental limitations which would restrict your job performance? Yes No

If yes, please explain _____

Are you willing to take a pre-employment examination? Yes No

Education

High School _____ City/State _____

Graduate? Yes No GED? Yes No

College _____ City/State _____

Major _____ Graduate? Yes No Degree _____

Trade/Technical _____ City/State _____

Major _____ Graduate? Yes No Degree _____

Other _____ City/State _____

Major _____ Graduate? Yes No Degree _____

Highest level of degree obtained? _____

Highest level of degree in your field? _____

In which states are you licensed? _____

Other Information

List any special qualifications and/or certifications and the State of certification (if applicable) which would benefit the job position?

Military experience (dates, branch, job title, skills acquired):

Did you receive a dishonorable discharge? Yes No

List any specific computer skills you have (programs, applications):

References

1. _____

2. _____

3. _____

Applicant Name _____

Additional Comments

Applicant's Statement

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or, if hired, dismissal. I authorize investigation of all statements contained in this application. I understand that this application is not and is not intended to be a contract of employment. I understand and agree that my employment is for no specific period of time and may, regardless of the date of payment of my salary, be terminated at any time without previous notice.

Signature _____

Date _____

Do not write below this line – for office use only.

Notes

Employee First Name

Employee Last Name

Location

SSN (Last 4 Digits)