



201 W. 3rd Street
Dover, Ohio 44622

408 Ninth St. SW
Canton, Ohio 44707

1040 Trump Road NW Suite B
Carrollton, Ohio 44615

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) applied for _____ Date: _____

How did you learn about us?

_____ Advertisement _____ Friend _____ Walk-in
_____ Employment Agency _____ Relative _____ Other _____

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____
If Yes, give date _____

Have you ever been employed with us before? Yes _____ No _____
If Yes, give date _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____

*Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____

On Call _____ PRN _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you travel, if job requires it? Yes _____ No _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

If Yes, please explain _____

Did you serve in the U.S. Armed Forces? Yes _____ No _____

If Yes, in what branch? _____

Have you recently experienced the death of someone close to you? Yes _____ No _____

Please Explain: _____

Why do you want to work for Hospice? _____

Education

| | Name and Address of School | Course of Study | Year Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|----------|---|--------------------|-------|----------------|
| 1 | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number (s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title Supervisor | | | |
| | Reason for Leaving | | | |

| | | | | |
|----------|---|--------------------|-------|----------------|
| 2 | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number (s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title Supervisor | | | |
| | Reason for Leaving | | | |

| | | | | |
|----------|---|--------------------|-------|----------------|
| 3 | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number (s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title Supervisor | | | |
| | Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status: _____

Specialized Skills

_____ Calculator _____ Fax
 _____ Computer _____ Other

Summarize special skills and qualifications acquired from other experiences.

