

# APPLICATION FOR EMPLOYMENT



**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed.

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.

## APPLICANT INFORMATION

First Name				Last Name			M.I.	Date	
Street Address						Social Security Number			
City				State			ZIP		
Phone Number				E-mail Address					
Position Desired?			Date Available?			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN/Per Diem			
Are you willing to work hours other than 8 am – 5 pm?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		What days are you unable to work?				
Are you willing to travel?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		If yes, what percent of time?				
Can you provide documentation that you may be lawfully employed in the US?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		If no, explain.				
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.				

## EDUCATION

High School or GED Institute				City and State					
NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.					Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> GED	
College				City/State					
From	To	Did you graduate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Degree			
Graduate School				City/State					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other, ex: Vo Tech				City/State					
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

## AN EQUAL OPPORTUNITY EMPLOYER LICENSE/CERTIFICATION

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License or Certification		Date Issued		Expiration Date		Issued by:		License Number	
License or Certification		Date Issued		Expiration Date		Issued by:		License Number	

**SKILLS:** Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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Do you speak a language other than English?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, what language(s) do you speak?		Do you use sign language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed by this company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you have any relatives employed by this company provide name and relationship:				

### MILITARY SERVICE

A copy of a report of separation from the Armed Services may be required.	Dates of service?	From	To	If veteran, list type of discharge:
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### REFERENCES

Name three persons (not related) who have knowledge of your professional qualifications and whom we have permission to contact. Preferably persons under whom you have worked.

Full Name		Relationship		Phone Number	
Where Employed			Title / Occupation		
Full Name		Relationship		Phone Number	
Where Employed			Title / Occupation		
Full Name		Relationship		Phone Number	
Where Employed			Title / Occupation		

### EMPLOYMENT HISTORY

Employer		Phone			
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
From	To	Reason for Leaving:			
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Employer			Phone		
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
From	To	Reason for Leaving:			
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Employer			Phone		
Address			Supervisor		
Job Title		Starting Pay		Ending Pay	
Responsibilities					
From	To	Reason for Leaving:			
May we contact your previous supervisor for a reference?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**Divinity Hospice, LLC  
5601 Bridge Street, Suite 300  
Fort Worth, TX 76112  
(817) 492-7020  
Fax: (817) 492-7019**

**We are an equal opportunity employer:**

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.

**APPLICANT'S STATEMENT**

I certify that the information given on this application and in any other supporting documentation, resume, etc. is true and correct. I understand that any false information, willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds the employer to terminate my employment without notice. I authorize my previous employers, schools or persons named as reference to give any information regarding my employment together with information they may have regarding me, whether or not it is on their records. I agree that the named company and my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I hereby release said employers, schools or persons from all liability for any damages whatsoever for issuing this information.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's date