



Application for Employment

(PLEASE PRINT)

We consider applicants for all positions without regard to age, color, creed, disability, handicap, height, weight, marital status, national origin, race, religion, sex, sexual preference, or liability for service in the armed forces					
Position(s) Sought:				Date of Application	
Employment Status Preferred:	Full Time	Part Time	Temporary	Shift Preferred _____	Location Preferred _____
Days/Hours Preferred:	Mon: _____	Tue: _____	Wed: _____	Thurs: _____	Compensation Expectations: _____
	Fri: _____	Sat: _____	Sun: _____		
How did you learn about us?	Employee Referral (Name) _____		Employment Agency (Name) _____		Date Available To Begin _____
	Walk-in _____		Advertisement _____		Other: _____
Last Name		First Name		Middle Name	
				Last 4 Digits of Social Security Number	
Other name(s), if any, under which you have worked or attended school.				Telephone Number	
				Area Code ()	
Address	Number	Street		Alternate Telephone Number	
				Area Code ()	
City		State	Zip Code		Driver's License Number

Have you been a resident of the state of MI for at least 3 years?	Yes	No	If you are under 18 years of age, can you provide proof of your eligibilty to work?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status is required upon employment.)	Yes	No	Have you ever filed an application with us? Date, if Yes:	Yes	No
Have you ever been convicted of a crime? Nature, if Yes	Yes	No	Have you ever been employed with us? Date, if Yes	Yes	No
Are there any felony charges pending against you? Nature, if Yes	Yes	No	Are you currently employed? May we contact your current employer?	Yes	No

If you are applying for a clinical position, please provide a copy of your appropriate MI license

EDUCATION

Name and Location of School	No. of Years Attended	Major Field of Study	Diploma/Certificate/Degree

HOSPICE OF MICHIGAN IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: List your employers, work assignments or volunteer activities, starting with the **CURRENT** or **MOST RECENT**, including military experience. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status. (Use additional sheets as needed.)

From	To	Employer Name and Address	Telephone ()
Job Title			Reason for Leaving
Supervisor & Title		Nature of the work, job responsibilities:	Start \$ _____ per ____ Final \$ _____ per ____
From	To	Employer Name and Address	Telephone ()
Job Title			Reason for Leaving
Supervisor & Title		Nature of the work, job responsibilities:	Start \$ _____ per ____ Final \$ _____ per ____
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Job Title			Reason for Leaving
Supervisor & Title		Nature of the work, job responsibilities:	Start \$ _____ per ____ Final \$ _____ per ____

As the functions of the job have been described to you, are you able to perform these functions, with or without reasonable accommodation? Yes ___ No ___

Why do you want to work for Hospice of Michigan? _____

List any previous hospice training experience. _____

What skills do you have that are particularly useful for hospice work? _____

List any second languages, additional skills or training, or other information you would like us to consider. _____

I certify that all statements made on this application are true, complete, and correct. I authorize you to verify all of the information I have given. I authorize all individuals, companies, institutions, or agencies to release any information requested. I release Hospice of Michigan and all parties releasing information from any liability whatsoever as a result of any inquiries and disclosures. I understand that any false information on this application may lead to immediate termination.

I understand that every applicant must undergo a credential and reference checking process, which includes a criminal background check, prior to receiving an offer of employment. I also understand that such information may be used in reference to Hospice of Michigan's hiring decisions.

I understand that all employees are employed at will, and are bound by the rules, policies, and procedures of HOM as they are from time to time changed with or without notice. Either HOM or the employee may terminate the employment relationship, with or without cause or prior notice, at any time, for any reason. HOM disclaims the creation of any implied or express guarantee of employment for any given length of time unless outlined in a written agreement signed by the President/CEO.

Applicant's Signature

Date

