



**APPLICATION FOR EMPLOYMENT**

DATE OF APPLICATION: \_\_\_\_\_

LAST NAME FIRST MIDDLE MAIDEN OTHER NAMES USED

STREET ADDRESS/APT. # CITY STATE ZIP

PHONE #: \_\_\_\_\_ ALTERNATE#: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SOCIAL SEC. #: \_\_\_\_\_ DRIVERS LIC. #: \_\_\_\_\_

IF HIRED, CAN YOU PRESENT EVIDENCE OF U.S. CITIZENSHIP OR LEGAL RIGHT TO LIVE & WORK IN THIS COUNTRY?  
 YES  NO

PRESENTLY EMPLOYED:  YES  NO MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

POSITION OR TYPE OF WORK APPLYING FOR: \_\_\_\_\_

HAVE YOU EVER WORKED FOR HOSPICE OF EAST TEXAS?  YES  NO  
ARE YOU RELATED TO A HOSPICE OF EAST TEXAS EMPLOYEE?  YES  NO WHO? \_\_\_\_\_

SEEKING:  FULL TIME  PART TIME  PRN  INPATIENT CARE  OUTPATIENT CARE

DATE AVAILABLE FOR WORK: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

**TRAINING/EDUCATION:**

\_\_\_\_\_  YES  NO  
HIGH SCHOOL NAME LOCATION GRADUATED

COLLEGE NAME LOCATION DEGREE MAJOR/MINOR

GRADUATE SCHOOL NAME LOCATION DEGREE MAJOR/MINOR

OTHER SCHOOLS, SPECIAL TRAINING OR SKILLS, INCLUDING LANGUAGES:

<u>PROFESSIONAL LICENSE OR CERTIFICATION</u>	<u>TYPE</u>	<u>STATE ISSUED</u>	<u>NUMBER</u>	<u>DATE RECEIVED</u>	<u>DATE EXPIRES</u>
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TEXAS LAW PERMITS OBTAINING RECORD OF CONVICTIONS, DEFERRED ADJUDICATIONS OF FELONY CHARGES AND CURRENT OFFENSES. I UNDERSTAND A CRIMINAL HISTORY CHECK MAY BE DONE.

YES \_\_\_\_\_ INITIAL

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY?  YES  NO  
IF YES, PLEASE STATE REASON AND CHARGES.

\_\_\_\_\_  
DATE OF OCCURRENCE \_\_\_\_\_

WORK EXPERIENCE: Work experience must be documented on this form  
**ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT**

Present/last Employer:		Supervisor:	
City/State:		Phone:	
Job Title:			
Start Date:	Left:	Beginning Pay:	Ending Pay:
Duties:			
Reason for Leaving:			
Name of Employer:		Supervisor:	
City/State:		Phone:	
Job Title:			
Start Date:	Left:	Beginning Pay:	Ending Pay:
Duties:			
Reason for Leaving:			
Name of Employer:		Supervisor:	
City/State:		Phone:	
Job Title:			
Start Date:	Left:	Beginning Pay:	Ending Pay:
Duties:			
Reason for Leaving:			

**PLEASE READ AND SIGN THE FOLLOWING EMPLOYMENT AGREEMENT**

I certify that the information submitted and on this form is true and correct to the best of my knowledge and that any misrepresentation or willful omission of facts will be cause for rejection of this application or termination of employment. I hereby authorize **Hospice of East Texas, Inc.** to conduct searches and checks on work history, personal references, driving history, criminal conviction records and the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry (when applicable) to determine my acceptability for employment. **I understand that if I am listed on the Employee Misconduct Registry, then I will not be eligible for employment with this agency according to Texas Health and Safety Code, Chapter 253.**

I understand, and agree, that as a condition of employment I may be required to pass scheduled physical examinations as they relate to my ability to discharge my duties. I understand I may also be required to pass a drug test. I understand that any employment relationship with this employer is "At Will," which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by **Hospice of East Texas, Inc.**

I further agree to observe all rules, regulations, and policies of **Hospice of East Texas, Inc.** **Hospice of East Texas, Inc.**, ensures applicants and employees are provided equal employment and advancement opportunities without regard to race, religion, gender, national origin, sexual orientation, age or disability status.

**Signature:**

Date: