



Hospice of the Twin Cities
 10405 6th Avenue North, Suite 250
 Plymouth, MN 55441
 (763) 531-2424

OFFICE USE ONLY	
_____	Offer Made
_____	Start Date

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Applicants will receive consideration for employment without regard to race, color, national origin, creed or religion, sex, marital status, age, physical or mental disability or any other personal characteristic protected by federal, state or local law.

Applications are kept on file for six months. You may update your application upon request. Applications will be considered at the time of receipt. If you wish to update your application or request additional consideration, you must contact the agency.

PLEASE PRINT IN INK

NAME _____ DATE _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE(S) _____ / _____ / _____
Social Security Number

TYPE OF WORK

TYPE OF WORK OR POSITION DESIRED: _____ DATE AVAILABLE _____

Full-time Part-time (_____ hours/week) Temporary from _____ to _____

REFERRED BY

State Job Service Ad _____
Name of Publication Current Staff Member _____
Employee Name

None-Walk In Other _____

SCHEDULING

This agency must be staffed 7 days a week, 24 hours a day. Work schedules are varied and require flexibility. Based on our staffing needs, we may not always be able to accommodate your scheduling preferences. Therefore please consider carefully all of your personal time commitments before responding to the following.

Check Shift Preference: Day Evening Night No Preference

Second Choice: Day Evening Night None

Can You Rotate Shifts: Yes No

The agency does not illegally discriminate on account of an applicant's age. If you are under 18, you may be required to prove your age for some jobs where state laws or regulations impose restrictions.

Are you 18 years of age or older? Yes No

EDUCATION List all education you would like considered in the evaluation of your application.

1. School / Location _____
Type of Degree _____
Relevant Courses _____

2. School / Location _____
Type of Degree _____
Relevant Courses _____

3. Other Education (Seminars, Military Schools, etc.)

LICENSE / CERTIFICATION

Complete this section if a license/certification is required to perform the duties of the job for which you are applying.

Type License / Certification	State	Number	Expiration Date	

If you don't have the required license for this job, have you applied? Yes No

If an exam is required to obtain the required license, give scheduled date _____

If not licensed in this state, have you applied for reciprocity? Yes No

SKILLS List any skills you have that add to your qualification for this position (for example, EMT or CPR training).

PRIOR EMPLOYMENT

Have you been employed here before? If yes, please complete the following: Dates _____
From *To*

Position Held _____ Immediate Supervisor _____

Reason for Leaving _____

PROFESSIONAL REFERENCES

1. _____
Name *Relationship* *Phone*

2. _____
Name *Relationship* *Phone*

3. _____
Name *Relationship* *Phone*

WORK EXPERIENCE

Indicate all work experience beginning with your current or most recent position. Complete all sections. Provide dates of employment for jobs held in the last 5 years only. We will contact all former employers for references. If you do not want us to contact your current employer explain why in writing on this page.

Employer: _____
Address: _____
Phone: _____
Dates Employed: from _____ to _____ Position Title: _____
Final Salary: \$ _____ Per _____ Supervisor/Title: _____
Primary Job Duties: _____

Reason for Leaving: _____

Employer: _____
Address: _____
Phone: _____
Dates Employed: from _____ to _____ Position Title: _____
Final Salary: \$ _____ Per _____ Supervisor/Title: _____
Primary Job Duties: _____

Reason for Leaving: _____

Employer: _____
Address: _____
Phone: _____
Dates Employed: from _____ to _____ Position Title: _____
Final Salary: \$ _____ Per _____ Supervisor/Title: _____
Primary Job Duties: _____

Reason for Leaving: _____

Explain any gaps in your work history _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

CRIMINAL RECORD

Have you ever been convicted of or plead guilty to a criminal offense? Yes No

If "Yes", state place of and nature of conviction: _____

Date of conviction: _____ Status of Probation: _____

Name of Probation Officer, if applicable: _____

Address: _____ Phone Number: _____

Note: A conviction does not mean automatic rejection for employment. If you are on probation, we will contact your Probation Officer for a reference.

By signing below, I am certifying that all information provided by me in this application is true and complete to the best of my knowledge.

I authorize investigation of the truth and completeness of all information provided by me in this application. In consideration of providing information to assist me in my employment search, I hereby release any and all sources of such information, their agents and employees from any claims I may have arising out of the disclosure of information about me.

In consideration of the Agency considering me for employment, I hereby release the Agency, its agents and employees from any and a claims I may have arising from the Agency's seeking information about me in connection with my application for employment with the Agency.

By signing below, I am agreeing that if I am hired, unless otherwise provided in a signed written agreement, my employment may be terminated by me or by the Agency at any time for any reason with or without cause. I agree that neither this application nor any personnel manual which I may receive upon employment is intended to be a contract of employment.

I agree that any offer of employment is conditioned on: 1) verification of my right to work in the United States; 2) passing a Tuberculosis test; and 3) receipt of favorable references (as determined in the sole discretion of the Agency). I agree that any offer of employment may also be conditioned on: 1) demonstration of physical and mental ability to perform essential job functions; 2) passing a literacy examination or 3) verification of any required license or registration and confirmation that no discipline, investigation or conditions will affect my ability to work under that license or the license of another, as determined in the Agency's sole discretion.

I acknowledge reviewing a copy of the Agency's Affirmative Action Policy Statement and a copy of the job description for which I am applying.

Applicant: _____

Date: _____