

Hospice Brazos Valley

Application for Employment



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Employment Desired:	Date Available:	Desired Salary:	
Position Applied for:		Referred by:	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

PREVIOUS EMPLOYMENT			
Company (1)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company (2)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company (3)		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Hospice Brazos Valley is committed to the principle of equal employment opportunity for all employees and to providing employees with a work environment free of discrimination and harassment. All employment decisions at HBV are based on business needs, job requirements and individual qualifications — without regard to race, color, religion, national origin, sex (including pregnancy), age, disability, HIV Status, sexual orientation, gender identity, marital status, past or present military service. Hospice Brazos Valley will not tolerate discrimination or harassment based on any of these characteristics.

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EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Additional Skills and Qualifications:				

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	Email:
Full Name	Relationship
Company	Phone ()
Address	Email:
Full Name	Relationship
Company	Phone ()
Address	Email:

APPLICANT STATEMENT AND SIGNATURE		
<p>I certify that all information I have provided in order to apply for and secure work with Hospice Brazos Valley is true, complete and correct. I expressly authorize, without reservation, Hospice Brazos Valley, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Hospice Brazos Valley, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that Hospice Brazos Valley does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from Hospice Brazos Valley's service, whenever it is discovered.</p> <p>I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p>		
<table> <tr> <td>Signature</td> <td>Date</td> </tr> </table>	Signature	Date
Signature	Date	

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