



6520 Pleasant Valley Road, Diamond Springs, CA 95619  
 530-621-7820 (phone) / 530-622-6123 (HR Fax)  
 An Equal Opportunity Employer

# Application for Employment Please Print

<b>Position Applying For:</b>	<b>Today's Date:</b>
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<b>Name:</b>	<b>Social Security Number #</b>
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<b>Address (Street, City, State, Zip):</b>	<b>Are you currently employed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>May we contact your current employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Have you ever applied to or worked for Snowline Hospice before?** Yes  No   
*If yes, when?*

**Do you have friends or relatives working or volunteering for Snowline Hospice?** Yes  No   
*If yes, state name, relationship, if employee or volunteer:*

**How did you find out about this job opening?**  
 Newspaper  Identify: \_\_\_\_\_ Snowline Staff  Identify: \_\_\_\_\_ Web page  Other: \_\_\_\_\_

**If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in this country?**  
 Yes  No

**Have you ever been convicted of a felony?** Yes  No   
*If yes, state nature of the crime(s), when and where convicted and deposition of the case.* \_\_\_\_\_

*Snowline Hospice reserves the right to review education, previous employment, driving and criminal records.*

**What is your understanding of Hospice?**

**If applying for a patient care position, describe your experience with terminal illness.**

**REFERENCES:** List three persons not related to you who have knowledge of your work performance within the last seven years.

Name	Address	Phone Include Area Code	Years Known	Occupation
1.				
2.				
3.				

## EDUCATION and TRAINING

Name/Location of School Include City and State	No Years Completed	Did You Graduate?	List Diploma, Degree, Certificate
<b>High School</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>College</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>College</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Vocational/Business</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Health Care Training</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

# LICENSES AND SKILLS

**Professional Licenses:** Include numbers and expiration dates.

**Computer/Office/Retail Skills:** Check all that apply, where applicable note software or application program.

- Word Processing \_\_\_\_\_  Desktop Publishing \_\_\_\_\_  Typing \_\_\_\_\_ wpm  Cash Register  
 Spreadsheet \_\_\_\_\_  Web Design \_\_\_\_\_  Ten Key  
 Presentation Software \_\_\_\_\_  Database \_\_\_\_\_  Email \_\_\_\_\_

**Our patients or customers may not speak English. Do you speak any other language?** Yes  No

If yes, which language(s)? \_\_\_\_\_

**Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Snowline Hospice?** Yes  No  If yes, explain: \_\_\_\_\_

**EMPLOYMENT HISTORY:** The section must be completed in full. A resume cannot be substituted for this information. **List all present and past employment starting with your most recent employer. If additional space is needed use back.**

_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment _____ / _____ / _____ to _____ / _____ / _____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		
_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment _____ / _____ / _____ to _____ / _____ / _____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		
_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment _____ / _____ / _____ to _____ / _____ / _____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		
_____ Name of Employer	(_____) _____ Telephone Number	Date of Employment _____ / _____ / _____ to _____ / _____ / _____ From To
_____ Street Address	_____ City	_____ State Zip Supervisor's Name
_____ Position/Title	_____ Reason for Leaving	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Duties and Responsibilities		

**Read carefully and sign below:** I hereby certify the above statements are true and correct. I understand false statements or information on this application or on any document used to secure employment shall be grounds for rejection of this application or if employed immediate discharge, regardless of the time elapsed before discovery. I understand Snowline Hospice requires a drug screening and background check prior to employment. I further understand that the application is not an offer of employment or employment contract if hired. Snowline is an at-will employer, my employment can be terminated at any time with or without notice at the option of myself or the company.

I hereby authorize Snowline Hospice to thoroughly investigate my references, work record, education and other matters related to by suitability for employment. I authorize former employers and references to disclose to the company information related to my work history.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_