



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

Position Applying For:			Today's Date:	
Name:				
Address (Street, City, State, Zip):			Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Phone:	Cell Phone:	Work Phone:	May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied to or worked for Snowline Hospice before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, when?</i>				
Do you have friends or relatives working or volunteering for Snowline Hospice? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, state name, relationship, if employee or volunteer:</i>				
How did you find out about this job opening? Newspaper <input type="checkbox"/> Identify: _____ Snowline Staff <input type="checkbox"/> Identify: _____ Web page <input type="checkbox"/> Other: _____				
If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, state nature of the crime(s), when and where convicted and deposition of the case.</i> _____				
<i>Snowline Hospice reserves the right to review education, previous employment, driving and criminal records.</i>				
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
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/Business		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Care Training		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 additional page.**

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 _____		

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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 _____		

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Street Address _____	City _____	State Zip Supervisor's Name _____
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Duties and Responsibilities _____		

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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 my suitability for employment. I authorize former employers and references to disclose to the company information related to my work history.

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