



## Employment Application

Please print or type

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Box Number or Street

City

State

Zip

Home or Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Where did you hear about Mountain Hospice and/or this opening:

Professional License Number (If Applicable) \_\_\_\_\_ State \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Current rate of pay \_\_\_\_\_ Employer Address \_\_\_\_\_

On what date would you be available to begin? \_\_\_\_\_

Check one: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ PRN (as needed) \_\_\_\_\_

Can you assume on-call responsibilities and travel if the job requires? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony\*? No \_\_\_\_\_ If yes, when? \_\_\_\_\_

\*A criminal conviction listed on the application will not disqualify an applicant. Mountain Hospice will consider: the nature or gravity of any offense or conduct; the time elapsed since the conviction and/or completion of any jail sentence; and the responsibilities of the job being filled.

### Education

High School \_\_\_\_\_

College \_\_\_\_\_

Number of years attending college \_\_\_\_\_ Degree(s) \_\_\_\_\_  
Major course of study \_\_\_\_\_  
Advanced Degrees \_\_\_\_\_ College/University \_\_\_\_\_  
Trade, Business or Correspondence School(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_ Did you complete course(s)? \_\_\_\_\_ yes \_\_\_\_\_ no  
Keyboard? \_\_\_\_\_ wpm List your working knowledge of office machines: \_\_\_\_\_

Other skills/training: \_\_\_\_\_  
List other experience, volunteer activities, course, workshops and seminars which may be applicable to the position applied for: \_\_\_\_\_

### **Employment Record**

Starting with your present or last job, list your work experience.

1. Employed by: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_  
Pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employed by: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_  
Pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

1. Employed by: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

Job Title \_\_\_\_\_  
Pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employed by: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_ Job Title \_\_\_\_\_  
Pay rate \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

If additional space is needed, continue on a separate sheet of paper and attach here.

List any military experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **References**

Give name, complete mailing address, email address and telephone number of three professional references that are not related to you. These should be individuals you have worked with previously or currently.

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_

### **Physical Requirements**

Please refer to position description for which you are applying.

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation(s)? \_\_\_\_yes \_\_\_\_no

If no, what can be done to accommodate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Mountain Hospice, Inc.

## Application Disclaimer

(Please read and sign)

The facts set forth in my application for employment are true and complete. I understand that any false statement on this application may result in my rejection as a candidate or immediate dismissal if employed. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate Mountain Hospice, Inc., in any way.

Furthermore, I understand that if I am hired, my employment is at-will and can be terminated with or without cause at any time, at the discretion of either the company or myself.

I hereby give permission to contact the previous employers and character references that I have listed except for the particular employer(s) noted (please provide reasoning):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by filling out this application that I will not be guaranteed a job and I also understand that this application will only be considered for one (1) year from date of receipt unless I contact the Director of Human Resources for Mountain Hospice in writing on a continuous basis that I am still available for employment.

Mountain Hospice provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other status protected by local, state and federal law. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

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Date

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Signature of Applicant

# Mountain Hospice

## Personal Information Release

I, \_\_\_\_\_, do hereby authorize Mountain Hospice, Inc., to secure any necessary information from all my employers, references, neighbors, academic, training, or vocational institutions, etc. I understand that background checks will be completed for all new employees. I hereby release all individuals providing said information including but not limited to employers, references, neighbors, academic, training or vocational institutions and Mountain Hospice, Inc., from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Mountain Hospice, Inc.

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Date

Signature of Applicant

Please return completed application package to:

Mountain Hospice  
ATTN: Director of HR  
1002 S. Crim Ave.  
Belington, WV 26250

[hr@mountainhospice.com](mailto:hr@mountainhospice.com)

Fax: 304-823-1400