

# HOLISTIC CARE HOSPICE OF JACKSON, LLC EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Position Applied for			
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 on sheet #4:

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Diploma
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

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

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<b>WORK EXPERIENCE: INCLUDE ADDRESS IF POSSIBLE</b>		
	Briefly describe your work experience below:	
From	To	Company:
Duties		
From	To	Company:
Duties		
From	To	Company:
Duties		

**NONDISCRIMINATION POLICY**

**HOLISTIC CARE HOSPICE OF JACKSON, LLC DOES NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, DISABILITY, OR AGE IN ADMISSION, TREATMENT, OR PARTICIPATION IN ITS PROGRAMS, SERVICES AND ACTIVITIES, OR IN EMPLOYMENT.**

<b>PREVIOUS EMPLOYMENT</b>		
Company	Phone (    )	
Address	Supervisor	
Job Title	Did you serve in Supervisory position?	How many workers did you supervise?
Responsibilities		
From	To	Reason for Leaving

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May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone (    )
Address		Supervisor
Job Title	Did you serve in Supervisory position?	How many workers did you supervise?
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>MILITARY SERVICE</b>	
Branch	From      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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<b>NAME AND ADDRESS OF NEXT OF KIN</b>
<b>NAME:</b> _____
<b>RELATIONSHIP:</b> _____ <b>PHONE:</b> _____
<b>ADDRESS:</b> _____
<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____

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## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature

Date

Have you ever been convicted of a felony?

YES  NO

If yes, please  
explain  
below

**If you need more space to reply to this question, please use space below. You may also use another sheet of paper and attach it to this application.**

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Signature

Date