



OLD COLONY HOSPICE, ONE CREDIT UNION WAY, RANDOLPH, MA 02368

Application for Employment

Old Colony Hospice is committed to its policy of Equal Opportunity Employment and will not discriminate on any basis including but not limited to: race, color, religious creed, national origin, sex, sexual orientation, genetic information, military service, age, ancestry, handicap or disability or due to any other protected category as may be regulated by federal, state or local law. Also, please note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.?"

Today's Date: _____ **Position Applied for:** _____

Personal Background

Name: (*please print*) _____ Social Security Number: _____
Last First Middle (Optional)

Present Address _____
Street City State Zip

Telephone Number: (____) _____ Referred By: _____
(Note: please indicate if this is a home phone or a cell phone)

Date you would be available if hired: ____/____/____ Desired Salary/Hourly Rate: _____

Schedule Hours available: Full-time Part-Time Per Diem Temporary Other:

What days and times are you available for work on any of the above schedules?
____ Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Is there any reason we may not request a reference and verify employment from your present employer or prior employers?
If yes, please explain:

Are you able, at the time of employment, to submit verification of your eligibility to work in the USA? _____
(Verification and completion of Form I-9 must be completed no later than three business days after date of hire.)

Please fully complete all information requested below.

Educational Background	Name and Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business, Grad School or Other Education			

Please list any specialized licenses or certifications (with date of issue/expiration and current number) and all technical skills (e.g., computer proficiency, software applications familiar with, equipment operation, etc.)

License: Type: _____ Number: _____ Expiration date: _____

Technical Skills: _____

Other: _____

NOTE: Please note that any offer of employment will be contingent on a receiving a clear criminal background search as well as an acceptable pre-employment drug test.

Work Experience

(Please list below your last four employers, *starting with your current or last place of employment*.) You may include verifiable work performed on a volunteer basis, internship or military service. ***Please complete all information requested.***

Date Mo/Yr	Name, Address and Phone of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

References

The names of three professional, work-related references are required. These references will be contacted prior to the start of employment if an offer is extended. Please do not list relatives or personal friends.

Name and Position	Company	Telephone Number
1.		
2.		
3.		

Applicant Certification – Please Read Carefully

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that if an offer is extended and accepted, any employment with Old Colony Hospice will be on an employment-at-will basis. This means that employment with Old Colony Hospice can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I would be free to terminate employment with Old Colony Hospice at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by Old Colony Hospice's President/CEO.

I further understand that if offered employment, I would be responsible for being familiar with Old Colony Hospice's policies, rules and regulations, and I understand that Old Colony Hospice has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment-at-will. By continued employment with Old Colony Hospice, I would consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form, on my resume, or any information relating to my application of employment may result in reversal of employment offer, or if employed, immediate dismissal.

Applicant's Signature _____ Date _____