



675 Peter Jefferson Parkway • Suite 300  
Charlottesville, VA 22911  
(434) 817-6900

## APPLICATION FOR EMPLOYMENT

**MISSION:** To serve our community with hospice care and supportive services related to serious illness and loss with the highest level of skill, compassion and respect.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Date: \_\_\_\_\_

\_\_\_\_\_  
*First Name*                      *Middle Name*                      *Last Name*                      *Social Security #*

\_\_\_\_\_  
*Street/Box Address*                      *City*                      *State*                      *Zip*

\_\_\_\_\_  
*Phone #*                      *E-mail address*                      *Date available*

\_\_\_\_\_  
*Position applying for*                      *\$ Salary requirements*

Type of employment                       Full time                       Part time                       PRN (on-call)

Days/hours available: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Have you been employed with us before?  Yes  No

Who referred you to us? \_\_\_\_\_

Relatives working for us? \_\_\_\_\_

Best time to contact you at home \_\_\_\_\_ AM \_\_\_\_\_ PM

Have you ever applied with us before? \_\_\_\_\_ When? \_\_\_\_\_

**LICENSING:**

Type of license \_\_\_\_\_ Virginia License # \_\_\_\_\_

**EDUCATION:**

Name/location of Institution	Hours/Degree Certification	Major/Specialty	Dates Attended

**WORK HISTORY:** List most recent position first

Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Duties performed: \_\_\_\_\_

Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Telephone: ( ) \_\_\_\_\_ May we contact? \_\_Yes \_\_ No

**Employer:** \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties performed: \_\_\_\_\_

Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Telephone : ( ) \_\_\_\_\_ May we contact? \_\_Yes \_\_ No

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Telephone: ( ) \_\_\_\_\_ May we contact?  Yes  No

---

---

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's Telephone : ( ) \_\_\_\_\_ May we contact?  Yes  No

**ADDITIONAL INFORMATION / SPECIAL SKILLS:** Summarize special job related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT HAS DRAWN YOU TO HOSPICE WORK?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** List two (2) persons to whom you are not related, and who have known you for several years, preferably people familiar with your work skills.

Name	Address	Daytime Phone #
_____	_____	_____
_____	_____	_____

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you legally eligible for employment in the United States (either a U.S. citizen or have an appropriate work permit)?  Y  N
2. Do you have any convictions or pending charges other than minor traffic violations?  Y  N

*If YES, please give a brief description of the circumstances, or of your conviction indicating the date and nature of the conviction.*

---

**PLEASE READ CAREFULLY AND SIGN BELOW:**

I understand that as a condition of my employment with Hospice of the Piedmont, in accordance with Virginia State law enacted in 1993, Hospice of the Piedmont will do a background search that includes a criminal background check as well as reference checks.

I agree to pre-employment drug testing as well as drug and alcohol testing for cause at Hospice of the Piedmont's expense. I understand that any unsatisfactory result will result in termination. I understand further that as a condition of my employment with Hospice of the Piedmont, I may, from time to time, be asked to undergo health screening that may include TB testing. I agree to submit to drug, alcohol, and other health screening as requested by Hospice of the Piedmont.

Except as otherwise specified herein, I authorize Hospice of the Piedmont to contact my former employers and references listed on this application, and I authorize such individuals to release information requested by Hospice of the Piedmont.

Information I have supplied on this application and by way of oral statements is true and accurate, and I understand that if employed, false statements on this application shall be considered sufficient for dismissal. I understand also that I am required to abide by all rules and regulations of Hospice of the Piedmont in regard to my employment.

All employees of Hospice of the Piedmont are employees at will and both the employee and Hospice of the Piedmont are free to terminate the employment relationship at any time at their discretion. No supervisor or other Hospice of the Piedmont employee has the authority to alter this relationship.

I further understand that if offered employment, I will be required, in accordance with the Immigration Reform and Control Act of 1986, to produce proof that I am eligible to work in the United States.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*