



PALLIATIVE & HOSPICE CARE

Premier Provider of Palliative Care Services

AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT APPLICATION**

**Please return application to:**  
Hope Palliative & Hospice Care  
Attn: Human Resources  
1274 W. Northwest Highway  
Palatine, IL 60067  
Tel: 847.803.0400; Fax: 847.803.0499  
E-mail: [info@gohopehospice.com](mailto:info@gohopehospice.com)

We are committed to equal access to employment, facilities, and programs, regardless of race, color, creed, sex, religion, national origin or ancestry, age, marital status, physical or mental disability, medical condition, sexual orientation, or any other status protected by the law. We are an equal opportunity employer.

**PLEASE PRINT IN INK or TYPE**

Position applying for: _____	Where did you hear about us: _____
Years of related experience: _____	Date application completed: _____

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**PLEASE CHECK IF YOU HAVE THE FOLLOWING**

CPR Card: \_\_\_\_\_ Professional License: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Motor Vehicle Insurance: \_\_\_\_\_

Malpractice Insurance: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**OTHER LICENSES/CERTIFICATES**

Please list any licenses/certificates you may have: \_\_\_\_\_

Please answer "YES" or "NO" to the following questions	YES	NO	Further Instructions
1) Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	If "no", a work permit is required at time of employment.
2) Are you authorized to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	All new employees must provide documentation to establish identification and eligibility for employment in the United States. This documentation could be a social security card, driver's license or passport.
3) If required for employment, are you willing to be fingerprinted?	<input type="checkbox"/>	<input type="checkbox"/>	If "no", please discuss with Human Resources before completing this application.
4) Are you willing to work full-time at Hope Palliative & Hospice Care?	<input type="checkbox"/>	<input type="checkbox"/>	If "no", indicate the number of hours you are available per week: _____.
5) Have you ever been dismissed from employment?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes", please explain: _____
6) Have you ever been convicted of a misdemeanor or felony as an adult?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes", please list circumstances and date; exclude minor traffic and other convictions, which have been judicially dismissed, expunged, sealed or eradicated. Convictions are not an automatic bar to employment. All circumstances will be considered: _____ _____ _____
7) Can you perform the essential functions of position applied for without accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	If "no" please state the necessary accommodations required: _____.



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**AVAILABILITY**

Full-Time

Part-Time

Weekend

Nights

**EMPLOYMENT INFORMATION**

*A resume may accompany this form but will not be accepted in lieu of completion of any section of this form. Include all employment, military, and relevant volunteer experience within the last 10 years beginning with your current or most recent employer. Additional related experience may be listed on a separate sheet. The month and year of employment and the average hours per week must be indicated.*

May we contact you at work?  Yes  No

**EMPLOYER #1**

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer?  Yes  No

**EMPLOYER #2**

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer?  Yes  No

**EMPLOYER #3**

Company Name: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact this employer?  Yes  No



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**EDUCATION**

**HIGH SCHOOL**

Name of High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Highest Level Completed: \_\_\_\_\_ Diploma or GED

**COLLEGES and UNIVERSITIES**

Name of College/University: \_\_\_\_\_ City, State: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Degree: \_\_\_\_\_

**BUSINESS, TRADE, VOCATIONAL, TECHNICAL and MILITARY SCHOOLS**

Name of School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

**REFERENCES**

List at least three persons not related to you who can attest to your professional abilities and character.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_ Years Known: \_\_\_\_\_

By signing below, I hereby certify that all statements made on this application and all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-employment qualifications are subject to verification and hereby authorize Hope Palliative & Hospice Care to confirm any information provided. Hope Palliative & Hospice may also perform, or request that third parties perform, "background checks" or other types of investigations. These background checks and investigations may be performed by Hope Palliative & Hospice Care in the form of consumer or investigative consumer reports. Such, reports, if obtained may contain information concerning your credit standing worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal record check, court record checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from the private or public records sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

I understand that falsification of my application materials may be cause for termination. If selected for employment, I may be required to be fingerprinted. I agree to abide by all policies and procedures established by Hope Palliative & Hospice Care. If hired, I agree to provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986.

I recognize that employment at Hope Palliative & Hospice Care is "at will", which means either Hope Palliative & Hospice Care or I may terminate my employment at any time with or without cause or notice. I understand that Hope Palliative & Hospice Care retains the sole discretion to modify compensation and benefits, position, duties and other terms and conditions of employment, and the right to impose discipline including suspension and demotion, at its sole discretion.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date