



1025 Westchester Ave, Suite 200
 White Plains, NY 10604
 Phone 914-682-1484
 Fax 914-682-9425
 E-mail info@hospiceofwestchester.com

Employment Application

Date: _____

 Position Applying For

PERSONAL DATA

NAME: _____
 Last, First, MI

SS#: _____

ADDRESS: _____

Home Phone: _____

Cell phone: _____

E-mail Address: _____

Are you at least 18 years of age? _____

YES NO

- Have you previously applied to Hospice of Westchester?
- Were you previously employed by Hospice of Westchester?
- Are you legally eligible for employment in this country? (Proof will be required)
- Do you have a current Driver's License?
- Do you have a car available for work?
- Have you ever been convicted of a crime?

Date available for employment: _____

How did you learn of this position? _____

What other languages do you speak/and or write fluently? _____

EDUCATION: (Most Recent First)

School Name & Address	Dates of Attendance	Major	Degree & Date

EMPLOYMENT HISTORY: (Most Recent First)

Company & Address	Name of Supervisor	Position Held	Dates

CERTIFICATION: PLEASE READ AND SIGN

I certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any false or misleading statements or omissions made on this application or during the course of any employment, interview, may result in a refusal of employment or, if employed, discipline up to and including immediate termination.

I understand that jobs require pre-employment exams and immunizations, as well as a criminal background check and review of the Child Registry, and that any employment will be made contingent upon satisfactory results. If hired, I agree to abide by all Hopsice of Westchester policies, rules and regulations.

Applicant Signature: _____



REFERENCE REQUEST

Please list three (3) references who you have worked for or are familiar with your work:

1. Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

2. Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

3. Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

By signing below, I accept this as authorization to release personnel information regarding my occupation, qualifications and job performance to Hospice & Palliative Care of Westchester.

I understand that your reply will be held in confidence and without liability to you.

Signature: _____ Date: _____