



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: _____

SS#: _____

Last, First, MI

ADDRESS: _____

Home Phone: _____

Cell phone: _____

E-mail Address: _____

Are you at least 18 years of age? _____

YES

NO

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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?

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 Hospice of Westchester policies, rules and regulations.

Applicant Signature: _____