



Phone: 770-992-2386

Fax: 770-992-2331

## PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
Other names by which you have been known (for date verification and reference checking purposes)			
Home Phone	Cell Phone	Business Phone	E-mail Address
Permanent Address	City	State	Zip Code
Previous Address (if at current address less than 5 years)		Driver's License State/Number	
Emergency Contact #1	Relationship	Cell Phone	Work Phone
Emergency Contact #2	Relationship	Cell Phone	Work Phone
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give date, place, offense and outcome (Previous convictions do not necessarily disqualify an applicant from volunteering)			
How were you referred to Twelve Oaks Hospice?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Agency	<input type="checkbox"/> Other
Please specify name of referral source: _____			

## EMPLOYMENT INTEREST

Position Desired	Salary Desired	Date Available
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## EDUCATION AND TRAINING

Indicate last level completed:	<input type="checkbox"/> High School	<input type="checkbox"/> College or University	<input type="checkbox"/> Graduate School	
Name of Schools	City/State	Major	Degree	Mo/Yr of Degree
Additional education, vocational, professional, military or other information you feel may be helpful to us in considering your application:				



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EMPLOYMENT HISTORY (please list most recent employer first)

Company Name #1	Street Address	City	State	Zip Code
Starting Job Title	Final Job Title	Supervisor Name/Title/Phone		
Dates of employment (from mo/yr to mo/yr)	Starting Pay:	Ending Pay:		
Job Duties: _____				
Reason for leaving: _____				
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Company Name #2	Street Address	City	State	Zip Code
Starting Job Title	Final Job Title	Supervisor Name/Title/Phone		
Dates of employment (from mo/yr to mo/yr)	Starting Pay:	Ending Pay:		
Job Duties: _____				
Reason for leaving: _____				

BUSINESS REFERENCES (please list at least one present or former manager)

Name	Email	Phone	Business Relationship
Name	Email	Phone	Business Relationship

Please read carefully and sign:

I understand that if any statements made by me on this application prove to be false, it may prevent my being employed or, if hired, may be sufficient cause for my dismissal and, further, I certify that the facts I have given on this application are true and complete. I hereby authorize my former employers to give any information they have regarding my employment with them. I also release them and their company from any liability or damage whatsoever for issuing this information. I further understand that my employment may be dependent upon the results of a drug screening to be conducted at the request and expense of Twelve Oaks Hospice. I further agree that either the company or I may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that no representative of the company other than an Executive Officer has the authority to enter into any agreement for employment for any specified period of time, or to otherwise alter the foregoing. I understand also that, in the event of employment at the company, I will be required to abide by all its policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_