

Hospice Services of Western Massachusetts, LLC

An Equal Opportunity Employer

Application for Employment

1325 Springfield Street, Suite 12, Feeding Hills, MA 01030 Tel: 413-786-4004 Fax: 413-786-4002
66 West Street, Suite L2, Pittsfield, MA 01201 Tel: 413-442-0045 Fax: 413-442-0086

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling Hospice Services of Western Massachusetts.

1. Position Applying For _____

(one per application)

2. Social Security No. _____

(Note: Completion of number two is optional. Failure to submit social security number on this form will not prohibit employment consideration.

Social security number may be required on other forms prior to employment.)

3. Full legal name _____

Last

First

Middle

4. Home Phone () _____

5. Address _____

6. Business Phone () _____

City

State

Zip

7. E-mail Address _____

8. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____				
2. _____				
3. _____				

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** —Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
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c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including previous hospice experience, workshops, and special achievements or specialized skills: _____

e. License (to include driver's), certificate or other authorization to practice a trade or profession.
Type _____ License Number _____ Granted by (licensing board) _____

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which job status you will accept: Full-time Part-time (specify) _____

b. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)

c. Are you willing to provide your own transportation if necessary for your employment? Yes No.

d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

e. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
Description of offense:
Statute or ordinance (if known): Date of Charge:; Date of Conviction
County, City, State of Conviction:
(For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
___ Month ___ Day ___ Year

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Hospice Services of Western Massachusetts. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Hospice Services of Western Massachusetts to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____