



586 Cynwood Drive
Easton, MD 21601
Application for Employment

Date: _____

Name: _____ SS # _____

Address: _____
Street City State Zip Code

Telephone: (H) _____ Cell: _____

E-mail: _____

Position Applied for: _____ **Full-time or Part-time? (Day, Eve, or Night Shift)**
or Per Diem (Day, Eve or Night)

Referral Source: (Please fill in this information)

Our Website Referred by Employee Job Posting/Ad (where posted: _____) Other _____

If necessary, best time to call you at home/Cell is: _____ am pm

May we contact you at work? Yes No

If yes, work number and best time to call _____ am pm

Have you submitted an application here before? Yes No

If yes, please give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, please give dates: From _____ To _____

Are you legally eligible for employment in this country? Yes No

Date available to begin work: _____

Are you available to work every other weekend? Yes No

Will you work overtime if required? Yes No If no, please explain: _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____



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Employment History:

Please provide the following information for your current and past 3 employers:

Date Month & Year	Name & Address of Employer	Salary / Pay Rate (optional)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

Education and Training:

Name of School and Address	Number of Years	Course/ Major	License Diploma/Degree	Date
CMT's # of years you have been certified	= _____		License or Certification # _____	_____
CNA's # of years you have been certified	= _____			_____
RN # of years of experience as Licensed RN	= _____			Exp Date: _____

References:

List name and telephone number of three business/work references who are *not* related to you.

Name & E-Mail Address	Relationship to You	Telephone #	# of Years Known
Name: _____ e-mail: _____			
Name: _____ e-mail: _____			
Name: _____ e-mail: _____			

AN EQUAL OPPORTUNITY EMPLOYER



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Applicant Statement:

I certify that all information I have provided in order to apply for and secure work at the Talbot Hospice Foundation is true, complete and correct. I understand that any offer of employment I receive may be contingent on passing a job-related physical examination, and/or satisfactory completion of a background examination.

without reservation, I expressly authorize Talbot Hospice Foundation, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Talbot Hospice Foundation, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Talbot Hospice Foundation does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the president of the Board of Directors.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant

Date