



## Friends of Caroline Hospice Employment Application

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Are you applying for:

- Regular, part-time work
- Regular, full-time work
- Volunteer

What days and hours are you available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What date can you start working? \_\_\_\_\_

Salary desired: \_\_\_\_\_

### EDUCATION

Name and Address of School, Degree/Diploma, Graduation Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications:** Licenses, Skills, Training, Award(s), etc

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**Employment History**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your present or previous employer?

Yes     No

**References**

Please list at least three references with addresses and phone numbers

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I certify information contained in this application is true and complete. I understand false information may be grounds for not hiring me and for immediate terminate of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date