

Application Date: _____

HOSPICE OF KITSAP COUNTY

www.hospiceofkitsapcounty.org

Please print or type application. Complete all sections. Please **DO NOT** reference resume.

Name: Last	First	Middle
Address (Include Complete Mailing Address, City, State & Zip Code)		
Home Phone Number (include area code):	Cell Phone Number (include area code):	E-Mail Address:
Business Phone Number (include area code):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Positions Applying for: 1.	Beginning Salary Expectations:	
2.	How soon would you be available for employment?	
Referred by: <input type="checkbox"/> Craigslist	<input type="checkbox"/> Advertisement:	<input type="checkbox"/> Internet:
<input type="checkbox"/> Walk-In	<input type="checkbox"/> HKC Website	<input type="checkbox"/> Other:
<input type="checkbox"/> Employment Agency:	<input type="checkbox"/> Current Employee:	

Memberships in job related professional organizations:
Special awards or honors (include dates):

Do you have (please check if applicable to job): Valid Driver's License Insured Vehicle

Have you ever been convicted of a crime? Yes No
 (Note: A "Yes" answer will not necessary disqualify you from consideration.)
 Please explain:

Can you provide proof of eligibility to work in the United States? Yes No

Can you travel within the area if your position requires it? Yes No

Please indicate your availability: Overtime Weekends Evening Shifts

Please indicate any other work schedule restrictions:

Have you ever been employed by Hospice of Kitsap County? Yes No

If yes, please list the dates and position held: _____

EMPLOYMENT RECORD

Please list your employment history beginning with your **most recent** position. Use additional sheets as necessary.

Company/Organization:		Phone Number:	
Address:		Supervisor's Name:	
Dates Employed:		Current Salary:	Position:
From:	To:		Hours per week:
Duties:			
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (We may contact if left blank).	

Company/Organization:		Phone Number:	
Address:		Supervisor's Name:	
Dates Employed:		Current Salary:	Position:
From:	To:		Hours per week:
Duties:			
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (We may contact if left blank).	

Company/Organization:		Phone Number:	
Address:		Supervisor's Name:	
Dates Employed:		Current Salary:	Position:
From:	To:		Hours per week:
Duties:			
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (We may contact if left blank).	

Company/Organization:		Phone Number:	
Address:		Supervisor's Name:	
Dates Employed:		Current Salary:	Position:
From:	To:		Hours per week:
Duties:			
Reason for Leaving:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (We may contact if left blank).	

EDUCATION & TRAINING

High School Diploma or GED? Yes No

If no, indicate highest grade completed: _____

School, Mailing Address, City, State, Zip	Course of Study/Major	Did you graduate?	Date of Graduation (MM/YY)	Degree
College or University:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade, Vocational, Other:				
Other Training (Certificates or Job Related Training):				
License Type: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> ARNP <input type="checkbox"/> Social Worker <input type="checkbox"/> <input type="checkbox"/> Physician (MD, DO) <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> Other _____				
License #:		Licensed in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expiration Date:				

Volunteer/Internship Experience: (Please list duration and position held)

Please indicate your knowledge in the following areas: Typing Speed: ___ wpm Dictaphone: <input type="checkbox"/> Yes <input type="checkbox"/> No Data Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No Ten Key: <input type="checkbox"/> Yes <input type="checkbox"/> No	Computer Software Used:
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Describe any unique abilities or experience which qualifies you for the position(s) you are applying for:

Do you speak any language other than English that might help you perform your job: Yes No
 If yes, please list:

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

CERTIFICATION AND UNDERSTANDING

I certify that all information entered on this application and submitted by me on any other documents in connection with my application to be true and correct. I understand that any misrepresentation, omission or concealment of information required may be reason to disqualify me from further consideration and is grounds for dismissal from employment.

I authorize Hospice of Kitsap County to investigate all statements contained in this application and any other forms completed in connection with my application. I agree and authorize my previous employers to release all relevant information regarding my employment history to Hospice of Kitsap County without liability to my previous employers or Hospice of Kitsap County.

I further understand that if I receive and accept an offer of employment with Hospice of Kitsap County, my employment may be terminated by Hospice of Kitsap County or by me at any time, subject only to applicable requirements of law or labor agreements. The contents of this application do not constitute any express or implied contract of employment.

I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of my employment. I authorize the company to deduct from my paycheck the necessary amount to satisfy any unpaid obligations or in the event there are not sufficient funds from my paycheck, I agree to pay the debt upon request.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT, I UNDERSTAND IT AND AGREE TO THE ABOVE STIPULATIONS.

Applicant's Signature

Date

Hospice of Kitsap County
3100 Bucklin Hill Rd., Suite 201
Silverdale, WA 98383
Phone: (360) 698-4611 • Fax: (360) 692-1893
Visit our Website: www.hospiceofkitsapcounty.org

APPLICANT AFFIRMATIVE ACTION INFORMATION

Hospice of Kitsap County is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual. **This information will be separate from your applications and will not be used in the employment process.**

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:		Date:	
Position Applied for (list only one):			

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3) <input type="checkbox"/> No (Go to question #2)</p>	<p>3. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p> <p><input type="checkbox"/> Two or More Races</p>	<p>4. Age Group</p> <p><input type="checkbox"/> Under 40</p> <p><input type="checkbox"/> Over 40</p>
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	