



**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**Please mail completed application to:**  
 Human Resources  
 HospiceCare of Boulder and Broomfield Counties  
 2594 Trailridge Drive East  
 Lafayette, CO 80026  
**or fax application to:** 303-604-5393  
**or email application to:** [Apply@hospicecareonline.org](mailto:Apply@hospicecareonline.org)  
**(phone: 303-449-7740)**

**OFFICE USE ONLY:**

Date received:  
 Reviewed by:

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long at current address? \_\_\_\_\_

Telephone \_\_\_\_\_ (home)

Telephone \_\_\_\_\_ (work)

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

Are you under age 18 \_\_\_\_YES \_\_\_\_NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. Proof of eligibility will be required if hired.

Have you ever been employed here? \_\_\_\_YES \_\_\_\_NO.

Position applied for (1) \_\_\_\_\_  
 and wage desired (2) \_\_\_\_\_  
 (Be specific)

<u>Status</u>	<u>Shift</u>
Full-time _____	Day _____
Part-time _____	Evening ____
Per diem _____	Night _____
Temporary ____	Wknd. _____
	Rotating ____

How many hours can you work weekly? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

**Professional Licensure**

License/Certification \_\_\_\_\_

State/License No. \_\_\_\_\_

Date/Year Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Have you ever had any action against your professional license?  No  Yes

If yes, please explain circumstances and outcome. \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed. \_\_\_\_\_

**APPLICANTS CERTIFICATION AND AGREEMENT**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I also understand I may be required to successfully pass a drug screening exam. Any illegal or controlled substance that cannot be substantiated with a doctor's prescription that shows in my test results will cause my immediate disqualification for employment. I hereby consent to a pre- or post-employment drug screen.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

HospiceCare does not discriminate in employment on the basis of race, disability, color, creed, religion, gender, age, marital status, sexual orientation, gender variance, national origin, ancestry, citizenship, veteran status or any other protected classification.

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience beginning with your most recent job.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
City, State, Zip Code Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
City, State, Zip Code Phone number	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

--

**APPLICATION FOR EMPLOYMENT**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No    If not, who did? \_\_\_\_\_

Please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

---



---



---

