



**Benton  
Hospice  
Service**

**EMPLOYMENT APPLICATION**

*Equal Opportunity Employer  
At Will Employer*

Date \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License No. \_\_\_\_\_ (if applying for a position requiring driving)

**EDUCATION**

| <i>School Name<br/>and<br/>Location</i> | <i>Major<br/>and<br/>Minor</i> | <i>Graduated or<br/>completed program?<br/>If "No," credits<br/>completed</i> | <i>Degree Type<br/>(Diploma, GED,<br/>BS, MA, Ph.D)</i> |
|---|--------------------------------|---|---|
|   |                                |   |   |
|   |                                |   |   |
|   |                                |   |   |

**COMPUTER SKILLS**

| <i>Program</i> | <i>Functions Performed</i> | <i>Skill level<br/>(beg, interm, adv)</i> |
|----------------|----------------------------|---|
|                |                            |   |
|                |                            |   |
|                |                            |   |
|                |                            |   |
|                |                            |   |

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, when and what \_\_\_\_\_

Can you legally work in the United States? \_\_\_\_\_

How did you find out about this position? \_\_\_\_\_

## WORK HISTORY

Even if you include your resume, please complete this form.

### JOB NO. 1

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>                            | <i>Address (Street and City)</i>   | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br><i>Years:</i><br><i>Months:</i> | <i>From:</i><br><i>(month, year)</i><br><i>To:</i><br><i>(month, year)</i> | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>  |  |                       |                                      |

### JOB NO. 2

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>                            | <i>Address (Street and City)</i>   | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br><i>Years:</i><br><i>Months:</i> | <i>From:</i><br><i>(month, year)</i><br><i>To:</i><br><i>(month, year)</i> | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>  |  |                       |                                      |

### JOB NO. 3

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>                            | <i>Address (Street and City)</i>   | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br><i>Years:</i><br><i>Months:</i> | <i>From:</i><br><i>(month, year)</i><br><i>To:</i><br><i>(month, year)</i> | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>  |  |                       |                                      |

## WORK HISTORY

*Even if you include your resume, please complete this form.*

### JOB NO. 4

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>              | <i>Address (Street and City)</i>                             | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br>Years:<br>Months: | <i>From:</i><br>(month, year)<br><i>To:</i><br>(month, year) | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>                              |  |                       |                                      |

### JOB NO. 5

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>              | <i>Address (Street and City)</i>                             | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br>Years:<br>Months: | <i>From:</i><br>(month, year)<br><i>To:</i><br>(month, year) | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>                              |  |                       |                                      |

### JOB NO. 6

|   |  |                       |                                      |
|---|--|-----------------------|--------------------------------------|
| <i>Current or Most Recent Employer</i>              | <i>Address (Street and City)</i>                             | <i>Job Title</i>      | <i>Type of Business</i>              |
| <i>Total Time in Position:</i><br>Years:<br>Months: | <i>From:</i><br>(month, year)<br><i>To:</i><br>(month, year) | <i>Hours per Week</i> | <i>Supervisor's Name &amp; Phone</i> |
| <i>Primary Duties:</i>                              |  |                       |                                      |

## LICENSE AND CERTIFICATES

List current professional or vocational licenses, certificates, and registrations which you have earned which are relevant to the position for which you are applying.

| TYPE OF CERTIFICATION<br><i>License, Certificate, or Registration</i> | Valid Period |
|---|--------------|
|   |              |
|   |              |

**What other languages, if any, are you familiar with?**

**What level of fluency?**

|  |  |
|--|--|
|  |  |
|  |  |

**Primary strengths** you will bring to hospice:

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### PROFESSIONAL REFERENCES

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

**\*All applications must be signed to be considered.\***

*NOTICE Any false, fraudulent, or misleading oral or written statement contained in this application and attached materials or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, dismissal if discovered after employment, and/or prosecution for a crime. I authorize BHS to verify information and to conduct reference checks.*

*I certify and affirm that I have read and understood the above notice. I further certify that I personally completed this application and attached materials or requested its completion and that all statements contained herein are true and complete to the best of my knowledge.*

*I agree to provide my DMV record if requested and to submit to a background check conducted at BHS expense. If offered employment, I further understand that the offer is contingent upon a favorable DMV report and a satisfactory outcome of the background check.*

*Benton Hospice Service offers employment to all persons without regard to race, religion, color, sex, age, national origin, disability, sexual orientation, veteran status, or any other classification protected by law.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_