

APPLICATION FOR EMPLOYMENT

Please complete this form in your own handwriting.

Name in Full:	
Phone Number:	E-Mail Address:
Mailing Street Address:	
City/State/Zip:	
Applying for the Position of: I am seeking: Full-time Part-time Licensure valid in WY: Yes <input type="radio"/> No <input type="radio"/> Received from where?	Salary Desired:
Have you ever been convicted of a felony? Yes <input type="radio"/> No <input type="radio"/>	Are you physically and mentally able to perform the essential functions of the position for which you are applying? Yes <input type="radio"/> No <input type="radio"/>

I understand that Central Wyoming Hospice & Transitions is an EQUAL OPPORTUNITY EMPLOYER.

Please Initial-

AT-WILL EMPLOYER STATEMENT

I understand that my employment with CWHP is AT-WILL and that my employment can be terminated by me or my employer at any time, without notice, for any reason or no reason at all. I also understand that no person employed by CWHP is authorized to make any promise or enter into any contract or implement any policy or procedure which states that I will be employed for any definite period of time, states that I cannot be discharged without notice or reason, or states that my employment is other than AT-WILL.

Please Initial-

EDUCATION

Institution	Where Located	# Years Attended	Did You Graduate	Degrees Earned

Our Mission:

‘To companion the journey through loss and grief with skill and compassion’

OCCUPATIONAL HISTORY (*List most recent employer first, do not omit any employers*)

Employer Name:			Salary:
Address:	City:	State:	Zip:
Employment Dates: From:	To:	Supervisor's Name:	
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:	City:	State:	Zip:
Employment Dates: From:	To:	Supervisor's Name:	
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:	City:	State:	Zip:
Employment Dates: From:	To:	Supervisor's Name:	
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:	City:	State:	Zip:
Employment Dates: From:	To:	Supervisor's Name:	
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

PERSONAL REFERENCES

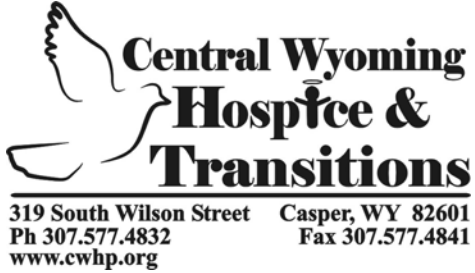
Name	Address	City/State/Zip	Phone
1.			
2.			
3.			

I authorize background checks and investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be cause for denial of employment or dismissal at a later date. I also authorize pre-employment testing if applicable.

Applicant's Signature

Date

This application will remain active and valid for a period of 1 year.



EMPLOYEE REFERENCE RELEASE OF INFORMATION

The below-named person has applied for a position with the Central Wyoming Hospice Program. In considering him/her for the position, we are seeking past employment information. The applicant's signature below on this form releases the past employer(s) to provide employment history including but not limited to job performance, work habits and skill level. Please complete the following and return ASAP.

Name of Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature of Applicant/Past Employee for Release of Information _____ Date _____
 (Copy of this form shall be used as if original)

■■■■■■■■■■ PAST EMPLOYER TO COMPLETE BELOW THIS LINE ■■■■■■■■■■

Position:		Dates of Employment:
Is this employee eligible for rehire? Yes <input type="radio"/> No <input type="radio"/>		
If not, why not?		
<i>Employer: Please complete the following scores on a 0 to 5 scale (0 = Poor, 5 = Excellent).</i>		
Areas of Interest	Score	Additional Comments
<i>Job Knowledge</i>		
<i>Skill Level</i>		
<i>Team Member</i>		
<i>Communications</i>		
<i>Documentation</i>		
<i>Attendance</i>		
<i>Dress/Cleanliness</i>		
<i>Willingness to Learn</i>		
As a past employer, would you have concerns with this person working in a Hospice situation? Yes <input type="radio"/> No <input type="radio"/>		
If not, why not?		

Preparer's Signature _____ Date _____