



Elite Hospice is an Equal Opportunity Employer. All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential

EMPLOYMENT APPLICATION

NAME	DATE OF BIRTH / /	SOCIAL SECURITY NUMBER - -
ADDRESS (number, street, building)		
CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS	

Have you ever applied for employment with this Agency? Yes No If yes, when?

Type of employment: Full time Part time Per Diem: Hours per Week

Are you willing to work: Day Evenings Weekends Holidays (may be required for some positions)

Days Available: Sun. Mon. Tues. Wed. Thur. Fri. Sat.

Are you legally eligible for employment in the United States? Yes No Are you at least 18 years old? Yes No

Are you currently employed? Yes No Do you have reliable transportation? Yes No

How did you learn of our organization? Internet Ad /Employment Website Current/Previous employee Other Please Explain: _____ If previous Employee List dates _____ to

Are you related to an employee? Yes No If yes, name of employee

Have you ever been convicted of a crime other than a minor traffic incident? Yes No

If Yes, please explain: _____ Not applicable

Have you ever been convicted of a crime in the past 5 years (felony or misdemeanor), barring employment in a Home Care and community support Agency? Yes No

If yes, describe in full, including dates:

Disclosure will not necessarily disqualify you for employment, unless the conviction is included in the exclusion for employment list as required by the State of Wisconsin. Each conviction will be evaluated on its own merit with respect to time circumstances, and seriousness in relation to the position you are applying for. Per Wisconsin Caregiver Background Check requirements, we perform criminal background checks. Falsification or omission of this or any other information on this application is grounds for immediate termination or denial of employment. Prospective applicants / employees will need to complete a Wisconsin Background Information Disclosure (BID)

For staff requiring professional licensure, have you ever had disciplinary action or orders issued by credentialing authorities within the Department of Safety & Professional Services against your license? Yes No

If yes, describe in full:

This will not necessarily disqualify an applicant from employment.

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS (LIST ALL STATES IN WHICH YOU ARE LICENSED & EXPIRATION DATE)

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Please describe any additional skills or qualifications you possess that you believe would be an asset to our organization or contribute to your success in the position for which you are applying:

Are you capable of performing the job set forth in the job description? Yes No

If you answered No, which job requirement can you not meet? This will not necessarily disqualify an applicant from employment.

Please list a few hobbies, interests, or volunteer work:

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts may result in disqualification from consideration or, if employed, may be grounds for dismissal.

I authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This employment application will remain active for a period of 90 days. Applicants who wish to be considered for employment beyond this period should inquire whether applications are still being accepted at that time.

SIGNATURE: _____ Date: _____