



**APPLICATION FOR EMPLOYMENT**

	DATE _____
Name _____	
Last	First
Middle	
Present address _____	
City _____	State _____ ZIP _____
How long have you lived at this address? _____	Social Security No. _____ - _____ - _____
Home Telephone ( ) _____	Cell ( ) _____
Email Address: _____	

**EMPLOYMENT HISTORY**

Please list the jobs you have held over the last 7 years beginning with your current position or most recent job held. If you were self-employed, please indicate this. Attach additional sheets if necessary. (If this information is included on your resume, please indicate this and skip to next section.)

<b>Employer</b>	<b>Most recent supervisor</b>	<b>Dates employed</b>	<b>Salary or wage rate</b>
<b>Address</b>			
<b>Phone number</b>			
<b>Reason for leaving</b>			
<b>Describe your position. List the duties you performed, specific skills required, advancements or promotions</b>			
<b>Employer</b>	<b>Most recent supervisor</b>	<b>Dates employed</b>	<b>Salary or wage rate</b>
<b>Address</b>			
<b>Phone number</b>			
<b>Reason for leaving</b>			
<b>Describe your position. List the duties you performed, specific skills required, advancements or promotions</b>			
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<b>Describe your position. List the duties you performed, specific skills required, advancements or promotions</b>			
<b>Employer</b>	<b>Most recent supervisor</b>	<b>Dates employed</b>	<b>Salary or wage rate</b>
<b>Address</b>			
<b>Phone number</b>			
<b>Reason for leaving</b>			
<b>Describe your position. List the duties you performed, specific skills required, advancements or promotions</b>			

May we contact your present employer?  Yes  No

**EDUCATION**

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

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**    Yes    No

If yes, list the date of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

**DO YOU HAVE A DRIVER'S LICENSE?**    Yes    No

Driver's license number

Expiration date

State of issue:

Type:    Operator    Commercial (CDL)    Chauffeur

Have you had any accidents during the past three years?    Yes    No

If yes, describe

Have you had any moving violations during the past three years?    Yes    No

If yes, describe

**REFERENCES**

Please list three references. (If you have listed references on your resume, skip to the next section.)

Name

Relationship to you

Company

Address

Telephone (   )

Name

<b>Relationship to you</b>
<b>Company</b>
<b>Address</b>
<b>Telephone ( )</b>
<b>Name</b>
<b>Relationship to you</b>
<b>Company</b>
<b>Address</b>
<b>Telephone ( )</b>

**CERTIFICATION AND AUTHORIZATION**

<p>I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief.</p> <p>I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of any information presented here is cause for immediate dismissal from Calvert Hospice without any previous notice. I hereby give Calvert Hospice permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Calvert Hospice from any liability as a result of such contract.</p> <p>I also understand that Calvert Hospice has a drug and alcohol policy that prohibits the use of drugs or alcohol on the job and that compliance with such policy is a condition of my employment.</p>	
<b>Signature of Applicant</b>	<b>Date</b>

Calvert Hospice is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Calvert Hospice depends solely on your qualifications.

Thank you for completing this application form and for your interest in Calvert Hospice.

Mail your completed application to Calvert Hospice, P.O. Box 838, Prince Frederick, MD 20678, or deliver it by hand to Calvert Hospice, 238 Merrimac Court, Prince Frederick, MD 20678.

Please mail your completed application to:

**Calvert Hospice  
P.O. Box 838  
Prince Frederick, MD 20678**

**REFERENCE VERIFICATION INFORMATION**

Name of Reference:
Date Contacted:
Employment/Other Information Verified:
Name of Reference:
Date Contacted:
Employment/Other Information Verified:
Name of Reference:
Date Contacted:
Employment/Other Information Verified:
Name of Reference:
Date Contacted:
Employment/Other Information Verified: