



101 KINGSBURY
 FREDERICKTOWN, MO 63645
 PHONE: 1-877-404-7478 • 573-783-7625
 FAX: 573-783-2126

Thank you for your interest of employment with Safe Harbor Hospice. We at Safe Harbor Hospice believe in the team approach, and believe that each member of our hospice team play an equally important role.

APPLICATION FOR EMPLOYMENT

Position Applying for _____ Desired Salary _____
 Name _____ Date _____
 Last First MI
 Address _____
 Street

 City State Zip
 Phone __ (____) _____ Secondary Phone __ (____) _____

Social Security # _____ Are you an American Citizen? _____

Do you have a current US work Visa? _____ Where did you hear about us? _____

Have you ever been involved in a work related injury? _____
 If yes, please explain. _____

Have you been convicted of an offense involving drugs, narcotics, theft or inflicting bodily injury? _____
 If yes, please explain. _____

Safe Harbor Hospice operates 24 hours a day 7 days a week. Please let us know if there are any restrictions on your availability to work.

Preferred schedule _____ Full Time _____ On Call Available _____ Part Time

Available Start Date: _____.

Education

	School	Degree	Major/Courses	Date Completed
High school				
College				
Professional Licenses & Registrations	Type	State	Date	License #
Certification	Type	State	Date	

Safe Harbor Hospice is an Equal Opportunity Employer.

Employment History

Please start with most recent employer.

Company Name	Address	Telephone
Job Title	Dates Employed	Salary

Reason for Departure: _____

Company Name	Address	Telephone
Job Title	Dates Employed	Salary

Reason for Departure: _____

Company Name	Address	Telephone
Job Title	Dates Employed	Salary

Reason for Departure: _____

Company Name	Address	Telephone
Job Title	Dates Employed	Salary

Reason for Departure: _____

May we contact your previous employers? _____

Reference Checks

Company	Company Representative: Name & Title	Date Contacted	Time Contacted
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Representatives' comments: _____

Company	Company Representative: Name & Title	Date Contacted	Time Contacted
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Conditions of Employment

The information provide on the Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation, upon the employer, to continue to employ me in the future.

I hereby authorize a representative of this company to verify the information contained herein concerning my background in connection with employment, consideration. I hereby release all parties including, but not limited to, the company here represented and my prior employers from any and all liabilities for any that might result from their furnishing information concerning me.

I hereby acknowledge that all facility employees are "at will" Employees, which means that employees may quit or the employer may terminate at any time. No employee may modify this "at will" status of any employee unless an agreement to do so is signed by a Corporate Officer.

I hereby acknowledge that upon acceptance of employment, it is requirement on my part to have available for the employer certain employment eligibility documents. These documents will be photocopied and made part of my employment file. These may include: U.S. Naturalization, Alien Registration Card, State Drivers License or I.D Card with photograph, U.S Military Card, original Social Security Card, Birth Certificate, and/or Ins Employment Authorization

Applicant's Signature: _____

Date: _____