



An Equal Opportunity Employer

333 W Cork St, # 405, Winchester VA 22601; 540-536-5210; Fax: 540-678-0772

EMPLOYMENT APPLICATION

Federal and state laws prohibit discrimination on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation. The employment policies of Blue Ridge Hospice are in full compliance with all federal and state laws.

Date _____

Name _____
Last First Middle Other Last Names Used

Mailing Address _____

City _____ State _____ Zip _____

Telephone: Home () _____ Business () _____ Message () _____

Email: _____

In case of Emergency Notify _____ Telephone () _____

Social Security Number _____ Is your current age under 18? Yes No

Have you filed an application with Blue Ridge Hospice before? Yes No
 If yes, indicate position applied for and dates. _____

Have you been employed by Blue Ridge Hospice before? Yes No
 If yes, indicate position and dates. _____

Referral Source: Self Newspaper (name) _____
 Employee Other _____

EMPLOYMENT DESIRED

Position for which you are applying:

Position Name _____

Minimum hourly wage/salary you would accept. _____ Date available to work. _____

Would you work: Full-time Part-time Per Diem Temporary

Specify days and hours, if other than full-time. _____

EMPLOYMENT HISTORY

Please begin with you current or most recent employment. List all previous employers.

1 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

2 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

3 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

4 Place of employment _____ Final salary _____
Address _____
Employed from _____ to _____ Supervisor's name _____ Fax () _____
mm/yy mm/yy Phone () _____
Your position _____ Describe duties _____

Reason for leaving _____

PLEASE READ CAREFULLY BEFORE SIGNING

By my signature below, I certify that: I have read this application, that I have not withheld any requested information, and that the responses on this application are true and accurate to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for rejection of this application and/or dismissal, if employed.

I hereby authorize the employers identified in this application to provide Blue Ridge Hospice with any information they may have regarding my employment, education and training, and release them from all liability for issuing such information. My current employer may may not be contacted. Indicate any employers in the Employment History section of this application (page 3) we should **NOT** contact (list them by the corresponding number): _____

I understand that any offer of employment is a condition based upon verification of references and a satisfactory criminal background check and a drug-screening test.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Blue Ridge Hospice and myself for either employment or providing of any benefits. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with proper notice, and that Blue Ridge Hospice retains the right to terminate my employment at its discretion.

I understand that if employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I further understand that Blue Ridge Hospice is a smoke-free environment and I agree to abide by the no smoking policy as a condition of employment.

Signature of Applicant

Date Signed

Applications may be returned in person, mailed, or faxed to:

Blue Ridge Hospice
333 West Cork Street, # 405
Winchester, VA 22601
FAX: (540) 678-0772