

Last School Attended _____ Diploma ___ Yes ___ No

Wage or salary desired _____ How soon can you start? _____

May we contact your present employer? ___ Yes ___ No

Most Recent Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

Previous Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

Previous Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

Previous Employer	Address	Telephone
Date started	Starting Salary	Starting Position
Date Left	Ending Salary	Ending Position
Description of Duties	Reason for Leaving	
Name of Supervisor	Title	

In addition to your work history, what other experiences, skills or qualifications do you possess that would be an asset to our agency? (Feel free to expand on back of form.)

Applicant's Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements, or misrepresentations may result in my dismissal. I authorize Circle of Friends Homecare/Circle of Life Hospice to investigate any facts set forth in this application. I understand that employment at Circle of Friends Homecare/Circle of Life Hospice is "at will", which means that either I or the agency can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's Signature _____ **Date** _____

