

Hospice of Lake Cumberland

100 Parkway Dr.

Somerset, KY 42503

Phone: 606-679-4389 Fax: 606-679-2971

Application For Employment

Personal Data

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

Phone Numbers: _____
Home Cell Phone

Emergency Contact: _____
Name Relationship to You Phone Number

Have you been convicted for a felony _____ Yes _____ No

If yes, please explain _____

Employment Status

Do you have any Hospice Experience? _____ Yes _____ No

Position Applied for _____

Type of work desired: _____ Full Time _____ Part Time _____ PRN _____ Any available _____

If presently employed, why do you desire to change your position? _____

Do you possess a valid motor vehicle driver's license? _____ Yes _____ No

Hospice of Lake Cumberland requires a pre-employment criminal background check and a drug screening.

Education

School or University	Degree, License or Certification

Work History

List jobs in reverse order starting with your present job. List your 3 most recent jobs. List promotions as a separate job. This section must be accurate to the best of your knowledge.

1. Employer: _____
Address: _____
From: Mo/Yr _____ To: Mo/Yr _____ Hours Per Week _____
Last Salary: _____ Supervisor: _____ May we contact: ___ Yes ___ No
Phone: _____ Reason for Leaving: _____
Duties and responsibilities: _____

2. Employer: _____
Address: _____
From: Mo/Yr _____ To: Mo/Yr _____ Hours Per Week _____
Last Salary: _____ Supervisor: _____ May we contact: ___ Yes ___ No
Phone: _____ Reason for Leaving: _____
Duties and responsibilities: _____

3. Employer: _____
Address: _____
From: Mo/Yr _____ To: Mo/Yr _____ Hours Per Week _____
Last Salary: _____ Supervisor: _____ May we contact: ___ Yes ___ No
Phone: _____ Reason for Leaving: _____
Duties and responsibilities: _____

Please describe briefly why you are interested in this position and any particular skills you have that would contribute to your success in this position.

Neither this application nor an interview constitutes a contract of employment and if hired, all employees of Hospice of Lake Cumberland are employees-at-will who may quit for any or no reason and may be terminated at any time for any or no reason.

Certification of Applicant

I certify that the information in this application is accurate and complete to the best of my knowledge. I am aware that any information supplied on this application that is false may remove me from consideration for employment with Hospice of Lake Cumberland, and future findings of false information may result in dismissal. I am authorizing agents of Hospice of Lake Cumberland, to investigate my employability with the agency by contacting all individuals, organizations, and/or agencies listed on this application. I also understand that Hospice of Lake Cumberland is a drug free workplace and that I may be tested for substance abuse prior to appointment and at any other time requested by Hospice of Lake Cumberland.

Signature of Applicant: _____ Date: _____

Hospice of Lake Cumberland is an equal opportunity employer