LAMAR AREA HOSPICE

Employment Application



APPLICA	NT INFOR	MATION											
Last Name				F	irst				M.I.		Date		
Street Addr	ess			-				inge Jana	Apart	ment/Ur	nit #		r'arrè
City				S	State		4	ZIP				de su secul	
Phone				Ē	-mail	Address							
Date Available					Desired Salary								
Social Security Number				omitiona on de	Date of Birth								
Position Ap	plied for												
Are you a c	itizen of the l	United States?	YES 🔲	NO		If no, a	re you a	authorized to	work in	the U.S.	YES [****	NO 🗌
Have you ever worked for this company? YES			NO		If so, v	If so, when?							
Have you ever been convicted of a felony? YES				NO		If yes, explain			2.1			35 67	
Can we run a background check on you? YES													
Emergency Contact Name Phone													
Emergency Contact Relationship													
MICO - MI													
EDUCATI	ON		9										
High Schoo	l	Y	1	Add	Address								
From	То	To Did you graduate?				NO 🗌	NO Degree						
College		T		Add	ress)	3000		
From	То	Did you	graduate?	YES		NO 🗌	Deg	ıree					
Other				Add	ress								
From	То	To Did you graduate?		YES		NO Degree							
REFEREN Please list t		onal references											
Please list three professional references. Full Name						Relation	ship						
Company						1	Phone						
Address		3383				ana-ana	3					•••••••	
Full Name						Secretarion	Relation	ship					
Company							Phone	vine.					
Address						1 6 C							
Full Name						·	Relation	ship					
Company				······································		400	Phone						
Address								I					

PREVIOUS	EMPLOYMENT								
Company				Phone nectabling A dusar yeliqra					
Address			Supervisor						
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibiliti	es				· sp#19.5a				
From	To	Reason for Leaving	9						
May we cont	act your previous supe	rvisor for a reference	e? YES	NO []	¥				
Company				Phone					
Address			\$ 15 DO 081	Supervisor					
Job Title	Job Title			\$	Ending Salary \$				
Responsibiliti	es			1504					
From	То	o Reason for Leaving							
May we conta	act your previous supe	rvisor for a reference	e? YES 🗌	NO []	Total Karages & as Nethicles, good arranges or				
Company			-	Phone					
Address				Supervisor Out of the seal of					
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibiliti	es								
From	То	To Reason for Leaving							
May we cont	act your previous supe	rvisor for a reference	e? YES []	NO []					
MILITARY	SERVICE								
Branch					From To				
Rank at Disch	harge		-		Type of Discharge				
If other than	honorable, explain				sasione coyer C				
DISCLAIM	ER AND SIGNATU	RE							
I certify that	my answers are true a	nd complete to the l	best of my knowle	dge.					
If this application may result in		ent, I understand th	at false or mislead	ding informat	ion in my application or interview				
Signature					Date				
-									

*PLEASE PROVIDE A COPY OF YOUR **DRIVERS LICENSE, SOCIAL SECURITY CARD** AND **VEHICLE INSURANCE***