

Lighthouse Hospice Employment Application

Employer Name: *Lighthouse Hospice LLC*

Job Number:

Job Title:

Date:

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Casual	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name	Telephone Number

MILITARY - Branch of Service:

Describe any military training received relevant to the position for which you are applying:

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes No

School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

CLERICAL SKILLS - To Be Completed for Clerical Positions

Typing, WPM	Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No
Shorthand, WPM		
List Specific Computer Skills –		

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

Idaho Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state, list:	

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

Please Read Carefully, Initial Each Paragraph and Sign Below

I understand that lying or misrepresentations on this application (which include writing false or misleading information, or leaving out information) will result in either immediate termination if employed or in the loss of opportunity for possible future employment.

Applicant's Signature _____

Date _____

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby understand that Lighthouse Hospice LLC., prides itself on its ability to hire and retain great talent. Therefore, the interview process including: the details of each interview, confidential and proprietary information, salary and/or offer letters and/or discussions are confidential. To share and/or discuss this information with anyone not employed by Lighthouse Hospice LLC., would result in a breach of confidentiality which could be legally pursued by Lighthouse Hospice LLC.

_____ I hereby authorize Lighthouse Hospice LLC. to thoroughly investigate my references, work record, education, credit, criminal records, civil records, social security number, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Lighthouse Hospice LLC., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Lighthouse Hospice LLC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at option of either myself or Lighthouse Hospice LLC., and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ By signing below, I certify that the statements above and on any attachments are true and complete as of the date given. I authorize Lighthouse Hospice LLC., or agents to investigate applicant's background and credit worthiness as needed. The undersigned authorizes all references and credit reporting agencies and its agents to release all necessary information.

Applicant's Signature _____ Date _____

For Office Use Only:

Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Start Date:	Employee Status <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Position Type <input type="checkbox"/> P/T <input type="checkbox"/> F/T <input type="checkbox"/> Casual
Service Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Employer of Record: Lighthouse Hospice LLC	