**Application for Employment**

1067 Isaacs Ave

Walla Walla, WA 99362

509.525.5561 fax 509.525.3517

 info@wwhospice.org www.wwhospice.org

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| --- | --- |
| **Position applying for:** |  |
| Full time | Part time | Temporary |
|  |  |  |

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| --- |
| **Applicant Information** |
| Applicant name (Last, First, MI): |  |
| Previous / other names, if applicable for reference checks: |  |
| Street: |  |
| City, State, ZIP: |  |
| Primary phone: |  |
| Alternate phone: |  |
| Email: |  |
| Date eligible to begin employment: |  |
|  | **Yes** | **No** |
| Are you fluent in a language other than English? If so, list. |  |  |
| Do you have a valid driver’s license? |  |  |
| Do you have a vehicle available for your employment, if needed? |  |  |
| Will you be able to perform the essential functions of the job, for which you are applying, with or without, reasonable accommodations? | *(Attach description of needs.)* |  |
| If hired, are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? |  |  |
| Since reaching age 18, have you ever been convicted of a misdemeanor or felony? *(Convictions will not necessarily bar you from employment,* *but are reviewed as related to the relevance of the job.*  *Criminal history information is required upon hiring.)* | *(Attach explanation.)* |  |
| **Employment History / Experience** *(List current and former employers beginning with the most recent.)* |
| Current or most recent employer:  |  |
| City: |  |
| Job title: |  |
| Description: |  |
| Start Date: |  | Supervisor /Reference contact: |  |
| End Date: |  | Phone: |  |
| Final Salary: |  | Reason for leaving: |  |
| Previous employer:  |  |
| City: |  |
| Job title: |  |
| Description: |  |
| Start Date: |  | Supervisor /Reference contact: |  |
| End Date: |  | Phone: |  |
| Final Salary: |  | Reason for leaving: |  |
| Previous employer:  |  |
| City: |  |
| Job title: |  |
| Description: |  |
| Start Date: |  | Supervisor /Reference contact: |  |
| End Date: |  | Phone: |  |
| Final Salary: |  | Reason for leaving: |  |

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| **Professional Registration/Licensure** | **State** | **#** | **Expiration Date** |
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| **Education** | **School Name/City** | **Major/Field of Study** | **Degree** | **Year(s)** | **GPA** |
| High School: |  |  |  |  |  |
| College/University: |  |  |  |  |  |
| Graduate School: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

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| --- | --- | --- | --- |
| **Professional References****Name / Business** | **City** | **Relationship** | **Phone** |
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Additional information and explanations as requested above may be attached as part of this application. A professional resume may also be submitted to provide supplemental information, but does not replace this form.

**Signature release:** I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I authorize Walla Walla Community Hospice to inquire as to my record with any or all of my former employers or references with no liability arising there from. I understand that if employed any misstatement or omission of fact on this application shall be considered sufficient cause for dismissal.

If I am employed, I realize that it will be on a conditional basis pending completion of a background check. I further understand that my employment is contingent upon the checking of references furnished by me.

All applicants shall be subject to being physically examined and/or chemically tested for the presence of alcohol and drugs. The employment process shall be terminated for individuals whose examination and/or tests are positive or who refuse to consent to such testing.

I understand that if I am hired, my employment at Walla Walla Community Hospice is not for any specific duration of time. Either I or WWCH may terminate my employment at any time for any reason with or without notice. I understand that the Executive Director is the only person who is authorized to enter into a contract with an employee that alters or modifies the ‘at will’ status of my employment.

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**Signature Date**

*Walla Walla Community Hospice is an equal opportunity employer and a smoke free environment. Walla Walla Community Hospice does not discriminate against individuals because of their race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran.*