



Application for Employment

1067 Isaacs Ave
 Walla Walla, WA 99362
 P: 509.525.5561 F: 509.525.3517
 E: info@wwhospice.org, W: www.wwhospice.org

Position applying for:				
	Full time	Part time	Temporary	
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:				
Salary Desired:				
			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 accommodation? Note: If you require accommodation to complete the application, or interview process, please contact human resources for assistance				
Are you authorized to work in the United States?				

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:	
End Date:		Phone:	
Reason for leaving			
Previous employer:			
City:			
Job title:			
Description:			
Start Date:		Supervisor:	
End Date:		Phone:	
Reason for leaving			
Previous employer:			
City:			
Job title:			
Description:			
Start Date:		Supervisor:	
End Date:		Phone:	
Reason for leaving			

Professional Registration/Licensure	State	Number	Expiration Date

Education	School Name/City	Major/Field of Study	Degree	Year(s)	GPA
High School:					
College/University:					
Graduate School:					
Other:					
Other:					
Professional References Name / Business	City	Relationship	Phone		

Additional information and explanations as requested above may be attached as part of this application. A professional resume should 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 criminal background check. 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 further understand that my employment is contingent upon the checking of references furnished by me.

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.

Signature

Date

Walla Walla Community Hospice equal opportunity employer and does not discriminate against individuals because of their race, color, creed, age, sex, sexual orientation, gender expression or gender identity, marital status, religion, national origin or ancestry.