



# Health Care & Hospice

45 North 100 West, Salina, Utah 84654 • (435) 529-3233, Fax (435) 529-3444

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are You 18 Years Or Older?  Yes  No Social Security Number \_\_\_\_\_  
 Are you prevented from lawfully becoming employed  
 in this country because of Visa or immigration status?  Yes  No

List the positions you are interested in by specific title

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Available to work:  Full time  Temporary  Part-Time  Shift Work  
 Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Employed Now?  Yes  No If yes, may we contact your present employer?  Yes  No  
 Have You Applied To This Company Before?  Yes  No When? \_\_\_\_\_

**List Any trade or Professional Licenses, Certificates or Registrations:**

### Education:

High School, College, Business or Trade Schools (Name and City Location)	Major or Vocational Subjects	Length of Time Degree/Certificate

### References: List Three Persons Not Related to You Whom You Have Known At Least One year.

Name	Address	Telephone/Business/Occupation

**Work History:** Beginning with present or most recent, list your three most significant employers. If you wish to elaborate, a supplemental sheet or resume may be attached. Include military service, if applicable.

Former employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title, Responsibilities, and Duties:

Reason for leaving:

Former employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title, Responsibilities, and Duties:

Reason for leaving:

Former employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title, Responsibilities, and Duties:

Reason for leaving:

**Additional Qualifications and Skills:** Machines, Equipment, Tools, Related Activities, etc.

**In Case Of Emergency Notify** \_\_\_\_\_  
Name Address Phone

**Certification of Applicant:**

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and if I am employed my employment may be terminated at any time.

In consideration of my employment I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative other than its president or then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_