



# EMPLOYMENT HISTORY

(Most recent experience first – Include ALL employers for the past five years. Explain any gaps on reverse side)  
or see resume

1. Company name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date you left: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Wage: \_\_\_\_\_
2. Company name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date you left: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Wage: \_\_\_\_\_
3. Company name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date you left: \_\_\_\_\_ Supervisor's name and title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Wage: \_\_\_\_\_

(If additional space is needed, please record on separate sheet of paper.)

May we contact the employers listed above? Yes  No

## ADDITIONAL INFORMATION

Do you have any relatives employed by Family Hospice and Palliative Care?

Yes  No  If yes, give names and locations at which employed: \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in this country? Yes  No  If you are offered employment with Family Hospice and Palliative Care you will be required, by federal law, to furnish documents showing you are either a U.S. citizen or an authorized alien. Individuals who do not furnish these documents cannot work for Family Hospice and Palliative Care.

I hereby authorize anyone of whom request is made to supply to Family Hospice and Palliative Care any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to Family Hospice and Palliative Care and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. **I understand falsification, misrepresentation, incomplete information or omission of facts called for on this application will result in dismissal.**

I understand and hereby acknowledge that if I am offered and accept employment with Family Hospice and Palliative Care my employment is considered at-will, is for no definite period of time, and may be terminated with or without cause. I further understand that this application for employment is not a contract of employment.

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

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