



101 S Cambridge Ave, Ventnor NJ 08406
 609-822-7979 phone / 609-822-7980 fax

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print Clearly...

Name: _____
Last Name , First Name

Address: _____ Referred By: _____
Street

City: _____, State _____ Zip _____

Social Security Number: _____, Date of Birth: _____

Cell Phone: _____ Carrier: _____ Home Phone: _____
Include Area Code Include Area Code

Driver's License Number: _____ Are you currently employed? _____

What Languages do you speak? _____ Have you ever been arrested? _____
 Have you ever been convicted of a crime or misdemeanor? _____ If you answered yes to either of the previous two questions, please explain: _____

Position Applied For: _____ Hospice Aid-Homemaker _____ RN Staff Nurse _____ LPN Staff Nurse _____ Medical Director
 _____ Social Worker -Bereavement _____ Spiritual-Clergy _____ Therapist – Physical/Occupational _____ Volunteer
 _____ Dietitian _____ Community Liaison _____ Office – Clerical _____ Other (list) _____

What Professional Licenses Do You Have: _____ CHHA _____ APN _____ RN _____ LPN _____ PT _____ OT _____ SW
 _____ MD _____ Other (list) _____

License / Certification Number: _____ State: _____ Expires: _____

Education	Name & Location of School	Circle Last Year Attended	Diploma / Degree / Year
High School		9 10 11 12	Diploma Year: _____
College		1 2 3 4	Degree: _____ Year: _____
Graduate School			Degree: _____ Year: _____

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Name: _____

Are you a US Citizen: _____ Yes _____ No Alien Registration #: _____

Please enter your previous employment below for the past five years:

Name & Address of Employer	Dates of Employment	Position Held	Supervisor's Name	Supervisor's Phone Number	Reason for Leaving	Rate of Pay

Do you have any physical problems, conditions or limitations that prevent you from performing any work for which you are being considered? _____ Yes _____ No

If Yes please explain: _____

Emergency Contact Information: Name: _____ Relationship: _____

Address: _____

Phone: _____

I certify that the foregoing statements made by me are true and I authorize investigation of all statements contained in this application. I understand that misrepresentation is cause for dismissal. I also understand that if I am offered a position with Angelic Hospice I will be an "At Will Employee". I further understand that if I am offered a position, my employment is for no definite period and may, regardless of the cause be terminated at any time without previous notice.

Signature of Applicant: _____ Date: _____

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EMPLOYMENT PREFERENCES & AVAILABILITY

Name: _____

Day of Week	Day Shift List Hours (From – To)	Evening Shift List Hours (From – To)	Overnight List Hours (From - To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
On Call			

Maximum number of hours you want to work per week: _____

Minimum number of hours you want to work per week: _____

Are you willing to fill in if and when you are needed: _____

Do you have access to a car/transportation: _____

Counties you prefer to work in: _____

How far are you willing to travel from your home: _____

Are you available on Holidays? _____

Which Holidays would you prefer NOT to work: _____

What are your patient preferences: _____ Pediatric _____ Geriatric _____ Other _____

Signature: _____ Date: _____