



HOSPICE  
MINISTRIES, INC.

450 Towne Center Boulevard  
Ridgeland, Mississippi 39157  
601-898-1053

Please print or type all information except where signature is requested. Please use black or blue ink.

Date of Application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Office Location: Brookhaven \_\_\_ McComb \_\_\_ Ridgeland \_\_\_ Inpatient \_\_\_

Last Name: _____			First Name: _____			Middle Initial: _____		
Address: _____				City: _____		State: _____		Zip Code: _____
Telephone Number(s): Home _____					Cell _____			
Social Security Number: _____								

Have you ever filed an application with Hospice Ministries or any of its divisions? Yes  No   
If yes, when? \_\_\_\_\_

Have you been employed by Hospice Ministries or any of its divisions? Yes  No   
If yes, when? \_\_\_\_\_

Are you currently employed? Yes  No

Are you currently on "lay-off" status and subject to recall? Yes  No

May we contact your current employer? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?(Proof of citizenship or immigration status will be required) Yes  No

When are you available to begin work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

If applying for shift work, what shift can you work? Circle all that apply. 7-3 3-11 11-7

Are you available for travel if the job requires it? Yes  No

Have you been convicted of a felony within the last 7 years? Yes  No   
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer	Dates Employed	Duties	Reason for Leaving
	From: To:		
Address			
Telephone Number	Salary/Hourly Rate Begin:                      End:		
Supervisor			

Employer	Dates Employed	Duties	Reason for Leaving
	From: To:		
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Supervisor			

Describe professional, trade, business, or civic activities and offices held.

**You may exclude membership which would reveal race, color, religion, gender, age, handicap, marital status, or national origin.**

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## Education

	Name and Location of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## LANGUAGES

Indicate any foreign languages you can speak, read, and/or write.	Speak (please circle)			Read (please circle)			Write (please circle)		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

## References – Do not list former employers or relatives. All information must be complete.

Name:	Address:	Telephone:	Years known:
Name:	Address:	Telephone:	Years known:
Name:	Address:	Telephone:	Years known:

Describe any other apprenticeship, education, skills, training, and/or additional information, such as computer proficiency or military training, which you feel would be useful to us in considering your application.

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How did you hear about Hospice Ministries, Inc. and why are interested in working in the area of hospice care?

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## **Applicant's Agreement**

**I certify that answers given in this application are true and complete to the best of my knowledge. I acknowledge that misrepresentation or omission of facts may result in rejection of this application or termination of employment.**

**I authorize investigation of all statements contained in this application, including those made in the interview process, as may be necessary in arriving at an employment decision.**

**I agree, by my signature on this application, to submit to a drug or alcohol screen and/or criminal background check, as may be requested by Hospice Ministries, Inc. as a condition of employment.**

**I understand that Hospice Ministries, Inc. from time to time may require a drug or alcohol screen and/or criminal background check as a condition of continued employment.**

**I understand that this application shall be considered active for a period not to exceed 90 days, and that I would be required to submit another application after that time period should I wish to be considered for employment.**

**I understand and acknowledge that, unless defined by applicable law, any employment relationship with Hospice Ministries, Inc. is "at will", which means that I may resign at any time and that Hospice Ministries, Inc. may discharge me from employment at any time with or without cause.**

**In the event of employment, I understand that false or misleading information given in my application or in the interview process may result in discharge from employment. I understand also, that I am required to abide by all rules and regulations of Hospice Ministries, Inc.**

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**Signature of Applicant**

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**Date**

*Hospice Ministries, Inc. considers applicants for all positions without regard race, color, religion, gender, age, handicap, marital status, or national origin.*

*This application will be retained on file for 90 days. Please reapply after that date.*

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