



## AT-WILL EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. This agency fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this agency to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, age, gender, sexual orientation, veteran status or disability, communicable disease, or place of national origin as required by Title VI of the Civil Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. This agency intends to fully comply with all federal and state laws, and all the information requested on this application will not be used for any purpose prohibited by law.

Today's Date				Position Applying For			
Date You Can Start				Desired Pay Range			
Availability To Work	<input type="checkbox"/> 40+ Hours Per Week <input type="checkbox"/> 20-39 Hours Per Week <input type="checkbox"/> Less than 20 Hours Per Week						
Days available to work	<input type="checkbox"/> SUN	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT
Hours available							

### REFERRAL SOURCE

Advertisement    Website    Temp Agency    School    Walk-In    Employee    Other

Source Name

### APPLICANT INFORMATION

Last Name		First Name		Middle Name	
Street Address			City	State	Zip
Home Phone		Mobile Phone		Alternate Phone	
E-mail Address			Social Security		
Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
		Gender	Marital Status		
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other					
Ethnic Origin					

### EMPLOYMENT INFORMATION

Did you ever work under a different name than the one listed on this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, list name	
Are you under 18 years of age and can furnish a work permit if employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO



*Dignicare Hospice Services*

520 E Wilson Ave. Suite 105 Glendale, CA 91206 · Tel. No.: (818) 975-0685 · Fax No.: (818) 839-0279

Have you ever been employed here before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, list employment date	
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Are you a citizen of the United States or legally authorized to work in the United States? <small>Proof of citizenship or immigration status will be required upon employment.</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you served in any of the United States military services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, list job experience attained	
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Have you been convicted of a crime or are there any criminal charges pending against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If yes, describe including dates	
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You are not required to answer yes or furnish information about convictions for speeding or minor traffic violations. A criminal record does not constitute an automatic bar from employment. The record will be considered only as it relates to the job in question.

**EMPLOYMENT HISTORY**

Information must be complete and accurate, even if attaching a resume. Failure to provide complete and accurate employment information for the past ten (10) years may result in disqualification from consideration or if hired, discharge. Start with your present or previous job including military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>(1)</b>	Employer		Phone Number	
	Address			
	Title		Supervisor	
	Duties			
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary
	Reason for leaving			

<b>(2)</b>	Employer		Phone Number	
	Address			
	Title		Supervisor	
	Duties			
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary
	Reason for leaving			



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(3)	Employer			Phone Number	
	Address				
	Title			Supervisor	
	Duties				
	Start Date of Employment	End Date of Employment	Beginning Salary	Final Salary	
	Reason for leaving				

**EDUCATION/TRAINING**

Type	Name	Address	Course of Study	Completed	Degree/Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Type of License	Certificate Number	State	Expiration Date

**COMPUTER SKILLS**

Typing Speed		10-Key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Software Programs					

**SPECIAL SKILLS**

List any language/s, besides English, you <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
List any special skills and/or qualifications	

**REFERENCES**

List three (3) professional references who are not related to you.

Name	Occupation	Contact Number	Years Known