

Employment Application

Guardian Home Health

181 Waukegan Rd. #301

Northfield IL 60093

Tel: 847-441-5020

Fax: 847-441-5057

Guardian Hospice is an Equal Opportunity Employer and does not discriminate based on race, color, religion, national origin, sex, age, veteran status, disability or any other characteristics protected by law.

Last Name		First Name	MI	Today's Date
Address		E-mail Address		
City	State	Zip	County	
Home Phone		Home Fax		
Cell Phone		Business Phone		
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, type of VISA: <input type="checkbox"/> Perm. <input type="checkbox"/> Work				
Emergency Contact/Phone				

POSITION APPLYING FOR:

State the name of the position applying for:	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hourly <input type="checkbox"/> PRN	HR DIVISION USE ONLY
Minimum Salary Acceptable	

Have you ever been arrested and convicted of felony? Yes No

APPLICANT CERTIFICATION AND AGREEMENT

I certify that this application and all attached material contain no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be rejected, my name will be withdrawn from further consideration, and I may be removed from the job after appointment. I understand that this employment application and other employment-related documents I may have been furnished are not contracts of employment; and also that any oral or written statements to the contrary are hereby expressly disavowed. Guardian Hospice, LLC has my authorization to thoroughly investigate my work and personal history which is job-related, including, but not limited to, information from the Child Abuse and Neglect Index, criminal background checks, or driver's license checks. I release all persons, companies, and organizations from liability for providing or receiving information in this investigation.

Signature	Date
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References

Please provide names and addresses of three people who may be contacted about your application. If approached they will be asked to provide references about your past employment / education.

Name of Reference	Position Held	Organization	Contact Phone No

EDUCATION AND/OR TRAINING

SCHOOL NAME AND LOCATION	Dates Attended		Field		Did you graduate?	Diploma/ Degree Earned
	FROM	TO	MAJOR	MINOR		
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSE OR CERTIFICATION

LICENSE/CERTIFICATION	PROFESSION	STATE	LICENSE NUMBER	EXPIRATION DATE

EMPLOYMENT HISTORY: INCLUDE ALL WORK HISTORY

START WITH YOUR PRESENT OR MOST RECENT JOB. This information is used to determine if your application will be approved. Be specific. Your rating will be based on this information. If employed, it may also affect your salary offer. Include any pertinent any self-employment. Employment dates, both month and year, and average hours worked per week for part-time employment must be listed for each job. Indicate any change in job title under the same employer as a separate position.

1	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
	Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time—average # of hours/week:
	City, State		Zip	Kind of Business		Salary

May we contact this employer? Yes No Reason for Leaving:
 Indicate job duties below (**responsibility, specific duties**, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

2	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
	Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time—average # of hours/week:
	City, State		Zip	Kind of Business		Salary

May we contact this employer? Yes No Reason for Leaving:
 Indicate job duties below (**responsibility, specific duties**, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

3	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
	Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time—average # of hours/week:
	City, State		Zip	Kind of Business		Salary

May we contact this employer? Yes No Reason for Leaving:
 Indicate job duties below (**responsibility, specific duties**, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

List all hospice / Home Health agencies that you worked for, not included above. No previous hospice experience

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Signature, Title: _____ **Date** _____ (4/08)