



1620 Thompson Rd. Coos Bay, OR 97420
 (541) 269-02986 (888) 869-6799
www.schospice.org sch@schospice.org

Application for Employment

We appreciate your interest in employment with South Coast Hospice and Palliative Care Services. Please complete all information on a separate sheet of paper. (Do Not Reference Resume)

South Coast Hospice and Palliative Care Services Inc. is an Equal Opportunity Employer, we do not discriminate on the basis of age, race, creed, color, sex, religion, disability, marital status, sexual orientation, veteran or other protected status

Personal Data (Please Print)

Name _____ Date _____
Last Name First Middle

Address _____
Number Street City State Zip

Telephone No. _____ Social Security Number _____
area code

Do you have documentation showing you are eligible to work in the U.S.? Yes No

Do you have relatives employed at South Coast Hospice and Palliative Care Services Inc. Yes No

If YES, give names and relationship _____

Employment Interests

Position applying for _____ Full Time Part Time On Call Date Available _____

Salary Desired _____ Are you employed now? If so may we Inquire with your present employer? Yes No

Have you ever applied to SCHPCS before? Yes No If so when? _____

Have you ever worked at SCHPCS before? Yes No Position _____ Employment Dates _____

How did you hear about the job vacancies? _____ Referred by (if applicable) _____

Education

Name of schools attended	CITY, STATE	GRADUATED?	DEGREE	AREA OF CONCENTRATION	SPECIAL SKILLS
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College or Technical School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Certificate or License		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Are you in school now? Yes No

If YES, give the name of the school, area of concentration and percentage completed _____

Do you plan to continue your education? Yes No

General

Subjects of special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Background Information

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If YES, please include data, circumstances and whether it was a misdemeanor or felony _____

Have you ever served in the armed forces? Yes No

References

PLEASE LIST THREE INDIVIDUAL REFERENCES, DO NOT INCLUDE RELATIVES (references will be checked)

NAME	YEARS KNOWN	ADDRESS	TELEPHONE

Employment History

(PLEASE DO NOT REFERENCE RESUME) PLEASE SHOW PRESENT AND PAST EMPLOYMENT INCLUDING ANY RELEVANT VOLUNTEER OR PART TIME EMPLOYMENT BEGINNING WITH MOST CURRENT

Employer	Telephone: ()	Dates Employed		Job Description
Address		From	To	
Job Title				
Supervisors Name & Title		Salary Range		
Reason for Leaving				

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Address		From	To	
Job Title				
Supervisors Name & Title		Salary Range		
Reason for Leaving				

Applicants Statement

Is this a complete representation of all jobs you have had during the past five years? Yes No

If NO, attach a list of all other employment during this period. Include company name, address, dates, salary and position information.

CERTIFICATE OF APPLICANT (PLEASE READ CAREFULLY)

I attest and certify that the information contained on this application is complete and accurate to the best of my knowledge. If I become employed at South Coast Hospice and Palliative Services Inc., I understand that my misrepresentation of information provided on this application is cause for termination of employment and that South Coast Hospice and Palliative Care Services Inc. retains the right to terminate an employee on these grounds. All candidates must pass drug screen testing and security clearance, as a condition of employment. I understand further that as a part of the application process, South Coast Hospice and Palliative Care Services Inc. intends to contact my prior employers to obtain information regarding my work related performance and conduct. I authorize my prior employers (and their agents) to provide this information to South Coast Hospice and Palliative Care Services Inc., and agree to hold them harmless and release them from any claims for providing this information to South Coast Hospice and Palliative Care Services Inc.

APPLICANT'S SIGNATURE _____ DATE _____