



1620 Thompson Rd. Coos Bay, OR 97420  
 (541) 269-2986 (888) 869-6799  
[www.schospice.org](http://www.schospice.org) [sch@schospice.org](mailto: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 \_\_\_\_\_

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 served in the armed forces? Yes  No

## References

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

| Name | Address | City, State, Zip Code | Phone # |
|------|---------|-----------------------|---------|
|      |         |                       |         |
|      |         |                       |         |
|      |         |                       |         |

## 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. PLEASE INCLUDE ADDITIONAL PAGES IF NEEDED.

|                          |                   |                |    |                 |
|--------------------------|-------------------|----------------|----|-----------------|
| Employer                 | Telephone: (    ) | Dates Employed |    | Job Description |
| Address                  |                   | From           | To |                 |
| Job Title                |                   |                |    |                 |
| Supervisors Name & Title |                   |                |    |                 |
| Reason for Leaving       |                   |                |    |                 |
|                          |                   |                |    |                 |
| Employer                 | Telephone: (    ) | Dates Employed |    | Job Description |
| Address                  |                   | From           | To |                 |
| Job Title                |                   |                |    |                 |
| Supervisors Name & Title |                   |                |    |                 |
| Reason for Leaving       |                   |                |    |                 |
|                          |                   |                |    |                 |
| Employer                 | Telephone: (    ) | Dates Employed |    | Job Description |
| Address                  |                   | From           | To |                 |
| Job Title                |                   |                |    |                 |
| Supervisors Name & Title |                   |                |    |                 |
| 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 criminal background , 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 \_\_\_\_\_