



## 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 \_\_\_\_\_