

St. Bernardine Hospice Care, Inc.

6 Venture, Suite#235 Irvine, CA 92618
Phone: (949) 397-2070 Fax: (949) 629-4179

Needed Documents (Pre-Employment)

___ Application for Employment

___ Employment Verification

___ Resumé (if requested)

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APPLICATION FOR EMPLOYMENT

CONFIDENTIAL (PLEASE PRINT CLEARLY)

St. Bernardine Care Providers, Inc. does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However its acceptance does not imply that the applicant will be employed.

Personal Information

Date of Application: ____/____/____ Date Available: ____/____/____

Social Security Number: ____-____-____

Name: _____
Last First Middle Phone Number: (____) ____-____

Present Address: _____
Street City State Zip Code Additional Phone Number: (____) ____-____

Notify In Case of Emergency: _____
Last First Middle Phone Number: (____) ____-____

Present Address: _____
Street City State Zip Code Email: _____

What Language(s) other than English do you speak? _____

If Not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.? Yes No Immigration Number: _____

Employment Desired

Type of Work Desired Shift

1 st Choice	
2 nd Choice	

Have you worked for this company before? Yes No

Will you accept employment of Full Time? _____ Part Time? _____

Are you employed now? _____ May we contact your present employer? _____ If no, why? _____

Education

	Name of School	Location (City, State)	Courses Taken	Diploma, Degree or Certificate Received
Grammar or Grade School				
High School				
College				
Vocational or Business				
Professional Education				
Other				

Extracurricular Activities while in School: _____

Member of Professional Organizations: _____

Honors Received, Volunteer or Community Service or other qualifications you have which you feel are related to the position for which you are applying: _____

Have You Ever Been in The U.S. Armed Forces? _____ What is Your Present Selective Service Classification? _____ Are You Presently a Member of Reserve or National Guard? _____ If So, When is Your Enlistment Up? _____

Professional License and/or Certification				Verification
Type _____	Organization or State Issued _____	Date Issued _____	Number _____	
Type _____	Organization or State Issued _____	Date Issued _____	Number _____	
Type _____	Organization or State Issued _____	Date Issued _____	Number _____	

Employment History

Present & Former Employers	Dates Employed	Position & Duties	Reason for Leaving
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____ _____	_____ _____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____ _____	_____ _____ _____ _____
Name: _____ Address: _____ Supervisor's Name: _____ Phone: _____	From: _____ To: _____	_____ _____ _____ _____	_____ _____ _____ _____

Please explain all periods of unemployment: _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below:

_____ Last First Middle

Have you ever been convicted of a crime? If so, for what, when and where?

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known for at least one year.

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are making an application without endangering yourself, other employees or patient? If no, please explain:



For Personnel Office Use

Hired: Yes No For what Department: _____ Position: _____

Date: ____/____/____

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Employment Verification

Applicant Name (Print): _____ Social Security #: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

**Please complete the following reference information so that we may give the application proper consideration. Please fax back to us. Since it is our policy not to assign anyone to a position without a complete reference check, we would appreciate your prompt attention. **

Position or title application (named above) held with your company: _____

Employed From: _____ to: _____

Attendance: Excellent Good Fair Poor

Reason for leaving: _____

Is this person eligible for rehire? Yes No

Additional Comments:

Contact Name: _____ Title: _____

Signature: _____ Date: _____