

# HILLCREST HOSPICE, INC.

4020 W. MAGNOLIA BLVD., SUITE B  
BURBANK, CA 91505

TELEPHONE #: (818) 566-9800 FAX #: (818) 334-4529

## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation or any other legally protected status.**

<b>Application Date</b> _____	<b>Position Desired</b> _____	<b>Date Available to Work</b> _____	<b>Time Available to Work</b> _____
<b>NAME :</b> Last _____		First _____	M. _____
			<b>Social Security Number</b> _____
<b>ADDRESS</b> Street _____		Apt# _____	City _____
		State _____	Zip Code _____
<b>Home Phone Number</b> _____	<b>Pager Number</b> _____		<b>Fax #:</b> _____
<b>Emergency Contact Name:</b> _____		<b>Phone #:</b> _____	<b>Relationship:</b> _____
<b>Are you over 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have the legal right to stay and work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Driver's License #:</b> _____	<b>State:</b> _____	<b>Exp. Date:</b> _____
<b>Have you ever been convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details in separate, confidential letter.)			
<b>Have you ever been denied Fidelity Coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details in separate, confidential letter.)			

<b>Name on Professional License:</b> _____			
<b>License Info:</b> <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> HHA <input type="checkbox"/> Other: _____	<b>License #:</b> _____	<b>State:</b> _____	<b>Exp. Date:</b> _____
<b>License Info:</b> <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> HHA <input type="checkbox"/> Other: _____	<b>License #:</b> _____	<b>State:</b> _____	<b>Exp. Date:</b> _____
<b>Professional Liability Insurance:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of Insurance Carrier:</b> _____	<b>Exp. Date:</b> _____	<b>Limits of Liability:</b> _____

EDUCATION	NAME AND LOCATION (Address, City, State)	Did you graduate / Year	Degree/Diploma
High School			
College			
Graduate Work			

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**EMPLOYMENT RECORD (Begin with current or most recent employer.)**

<b>1. EMPLOYER:</b>	<b>Dates Employed:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	<b>Reason for Leaving:</b>
<b>Address</b>	<b>Work performed:</b>	
<b>Phone</b>		
<b>Supervisor</b>		
<b>Your Position Title</b>		

<b>2. EMPLOYER:</b>	<b>Dates Employed:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	<b>Reason for Leaving:</b>
<b>Address</b>	<b>Work performed:</b>	
<b>Phone</b>		
<b>Supervisor</b>		
<b>Your Position Title</b>		

<b>3. EMPLOYER:</b>	<b>Dates Employed:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	<b>Reason for Leaving:</b>
<b>Address</b>	<b>Work performed:</b>	
<b>Phone</b>		
<b>Supervisor</b>		
<b>Your Position Title</b>		

<b>4. EMPLOYER:</b>	<b>Dates Employed:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>From</span> <span>To</span> </div>	<b>Reason for Leaving:</b>
<b>Address</b>	<b>Work performed:</b>	
<b>Phone</b>		
<b>Supervisor</b>		
<b>Your Position Title</b>		

<b>REFERENCES:</b> Give below the names of three persons as personal references (not family related) whom we may contact				
Name	Address	Phone No.	Relationship	Yrs. Known
1.				
2.				

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Please check all that apply and provide the copies of:

		CURRENT	
		YES	NO
<input type="checkbox"/>	1. PROFESSIONAL LICENSE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. CPR CARD ( FRONT AND BACK )	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. DRIVER'S LICENSE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. CAR INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. PASSPORT, BIRTH CERTIFICATE, OR GREEN CARD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. SOCIAL SECURITY CARD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. PROFESSIONAL LIABILITY INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>