



Richmond County Hospice, Inc.

Hospice Haven & Anson Community Hospice

Main Office / Hospice Haven
1119 US Hwy 1 N
Rockingham, NC 28379
Phone 910-997-4464 • Fax 910-997-4450

Anson Community Office
110 South Greene St.
Wadesboro, NC 28170
Phone 704-695-1595

EMPLOYMENT APPLICATION

NAME (as it is on your DL or ID): _____
LAST FIRST MIDDLE (MAIDEN)

Current Physical Address: _____ CELL No: () _____
(NUMBER) (STREET) (APT/ UNIT IF ANY)

(CITY) (STATE) (ZIP CODE) HOME No () _____

Mailing Address (If Different): _____

E-Mail address: _____

POSITION APPLIED FOR: _____ Full Time () Part Time () PRN () DATE AVAILABLE: ____/____/____

Are you a US Citizen? _____ If No, are you currently authorized to work in the USA? _____

Have you ever worked for this company? No _____ If Yes, When? ____/____/____ Position: _____

Have you ever been CONVICTED of a Felony? No _____ If Yes, when: _____ explain on back of application

(IF ATTACHING A RESUME OR CV, PLEASE SKIP SECTIONS 1 & 2 AND CONTINUE ON SECTION 3)

Section 1: EMPLOYMENT HISTORY

PLEASE LIST ALL THE JOBS YOU HAVE HAD FOR AT LEAST THE LAST 8 YEARS STARTING WITH THE MOST RECENT.

EMPLOYER NAME: _____ CITY: Pay/ Salary: \$ _____ PER: _____	POSITION/ TITLE HELD: _____ SUPERVISOR: Co. Phone: _____	DATES FROM: _____ TO: _____ REASON FOR LEAVING: _____
EMPLOYER NAME _____ CITY Pay/ Salary: \$ _____ PER: _____	POSITION/ TITLE HELD: _____ SUPERVISOR: Co. Phone _____	DATES FROM: _____ TO: _____ REASON FOR LEAVING _____
EMPLOYER NAME: _____ CITY Pay/ Salary: \$ _____ PER: _____	POSITION / TITLE HELD: _____ SUPERVISOR: Co. Phone: _____	DATES FROM: _____ TO: _____ REASON FOR LEAVING: _____
EMPLOYER NAME: _____ CITY Pay/ Salary: \$ _____ PER: _____	POSITION/ TITLE HELD: _____ SUPERVISOR: Co. Phone: _____	DATES FROM: _____ TO: _____ REASON FOR LEAVING: _____

COMPLETE NEXT PAGE

(INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED)

Section 2: EDUCATION

SCHOOL NAME	CITY/STATE	ATTENDED: FROM	TO
HIGH SCHOOL:			
COLLEGE:			
UNDERGRADUATE			
GRADUATE OR OTHER:			

Section 3: MILITARY SERVICE

BRANCH: _____ FROM: ____/____/____ TO: ____/____/____
RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____ IF OTHER THAN HONORABLE EXPLAIN:
ARE YOU A VETERAN? _____? Duty/ specialized training: _____

Section 4: SKILLS & QUALIFICATIONS

Types of Computers, software and/ or other equipment you are qualified to operate:

Professional Licenses, certifications, trainings and or registrations:

Additional skills or other qualifications such as special abilities, languages or other information relevant to the position:

Section 5: REFERENCES

LIST AT LEAST 3 PROFESSIONAL REFERENCES (typically a former employer, a colleague, a client, a vendor, a supervisor or someone else who can vouch for your qualifications for a job and can recommend you for employment).

1. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE No. : _____
2. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE No. : _____
3. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE No. : _____

SIGNATURE

Some or all information herein included could be checked for veracity. Misrepresentation or omissions on any facts on this application constitute grounds for termination if hired. You may be required to supply proof of authorization of employment, have a drug test, or to sign a conflict of interest agreement. North Carolina is an employment-at-will state. Richmond County Hospice is an Equal Opportunity Employer (EOE).

I acknowledge that I have read and understand the above statement and acknowledge that all the information I am supplying here is complete and truthful.

SIGNATURE OF APPLICANT

DATE