

# 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"/>