

**HOSPICE OF THE FINGER LAKES**

1130 Corporate Drive  
Auburn, NY 13021  
(315) 255-2733 · Fax: 252-9080  
www.hospiceofthefingerlakes.org

**JOB APPLICATION**

Name \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position (s) applied for: \_\_\_\_\_

NYS Nursing License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Professional Licenses/Certifications (please specify) \_\_\_\_\_

\_\_\_\_\_

Was license ever suspended or voluntarily interrupted? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been convicted or pleaded guilty to a felony, misdemeanor and/or violation (other than minor traffic violations such as speeding)? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a criminal offense related to health care, or listed by Federal or State agencies as debarred, excluded or otherwise ineligible for participation in Federal health care programs? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Name of School/  
Institution

Diploma/Degree  
and Year

High School: \_\_\_\_\_

College/Institution: \_\_\_\_\_

Other: \_\_\_\_\_

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WORK EXPERIENCE – Begin with your most recent.

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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REFERENCES (Please list three professional)

1. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name and Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

OTHER

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_  
\_\_\_\_\_

Do you know any foreign languages? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Do you have any hospice-related training and/or experience? Please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please specify what hours of the day/night you are available \_\_\_\_\_  
\_\_\_\_\_

Please specify what days of the week you are available (circle)

Sun M T W Th F Sat

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You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following questions. Are you able to perform each of the essential job functions listed for each position for which you have applied? Yes\_\_\_\_ No\_\_\_\_. If no, list the function(s) you are unable to perform and explain why you are unable to perform them.

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I understand that any misrepresentation or falsification of information on this application will be cause for my disqualification for employment or immediate dismissal. I understand that I may have to take and pass physical examinations and/or drug tests before I am hired. I understand that I will have a criminal background check. I further understand that my employment is not guaranteed for any term and can be terminated by Hospice or myself at any time, with or without cause.

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_