



Serenity Hospice & Home  
 1658 South IL Route 2, P. O. Box 462  
 Oregon, IL 61061  
 (815) 732-2499

## APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Serenity Hospice & Home does not discriminate against applicants or employees because of race, color, ancestry, national origin, religion, sex/gender, physical or mental disability (unrelated to the ability to perform), age, genetic information, marital status, sexual orientation, citizenship status, military status, gender identity, arrest record, victims of domestic violence, or other legally protected status.

PLEASE TYPE OR PRINT IN INK				DATE
NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER	
CURRENT ADDRESS (Street)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code
RESIDENT ADDRESS (Street) (if different from above)	(City)	(State)	(Zip Code)	PHONE NUMBER Area Code
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, STATE YOUR DATE OF BIRTH:				
DO YOU POSSESS A VALID CURRENT NURSE'S LICENSE (only for jobs requiring state licensure)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NURSE'S LICENSE NUMBER AND STATE				

TYPE OF POSITION DESIRED					
POSITION APPLIED FOR:					
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	SUMMER <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>	OTHER <input type="checkbox"/>	SALARY EXPECTED:
WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO			DATE AVAILABLE TO WORK		
HAVE YOU EVER WORKED FOR SH&H or OCHA? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND WHERE?		
HAVE YOUR EVER APPLIED TO SH&H or OCHA? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND WHERE?		
HOW WERE YOU REFERRED TO SH&H?					
IF YOU ARE A CERTIFIED NURSES AIDE, WHERE AND WHEN DID YOU RECEIVE YOUR TRAINING?					
FEDERAL LAW REQUIRES SH&H TO HIRE ONLY U.S. CITIZENS OR FOREIGN NATIONALS AUTHORIZED TO WORK IN THE U.S. IF OFFERED EMPLOYMENT, CAN YOU PRESENT EVIDENCE THAT YOU ARE EITHER A U.S. CITIZEN OR LEGALLY ENTITLED TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**RECORD OF EDUCATION**

NAME AND ADDRESS OF SCHOOL	GRADUATED		TYPE OF DEGREE/DIPLOMA RECEIVED OR EXPECTED	MAJOR/MINOR FIELDS OF STUDY
	YES	NO		
HIGH SCHOOL (Last Attended)				
COLLEGES/ UNIVERSITIES				
GRADUATE SCHOOL				
OTHER (BUSINESS, TECHNICAL, SECRETARIAL, ETC.)				

DO YOU HOLD ANY PROFESSIONAL, TECHNICAL, OR STATE LICENSE OR CERTIFICATION DIRECTLY RELATED TO THE QUALIFICATIONS OF THE JOB FOR WHICH YOU ARE SEEKING? IF SO, PLEASE STATE THE CERTIFICATION OR LICENSE, YOUR NUMBER, AND THE STATE OR ORGANIZATION THAT ISSUED IT (i.e., CERTIFIED NURSE AIDE, CERTIFIED EMERGENCY MEDICAL TECHNICIAN, ETC.)

DO YOU HAVE ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING?

DO YOU HAVE ANY SPECIAL SKILLS, TRAINING, OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?

DO YOU POSSESS A VALID CURRENT DRIVER'S LICENSE (ONLY FOR JOBS REQUIRING DRIVING A VEHICLE)?  YES  NO

DRIVER'S LICENSE NUMBER AND STATE:

**MILITARY SERVICE RECORD**

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES?  YES  NO

IF YES, DID YOU DEVELOP ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING?

**EXPERIENCE**  
(Most Recent Experience First)

1. NAME AND ADDRESS OF EMPLOYER				STARTING POSITION	ENDING POSITION
FROM		TO		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
MO.	YR.	MO.	YR.		
				PHONE NUMBER Area Code	
2. NAME AND ADDRESS OF EMPLOYER				STARTING POSITION	ENDING POSITION
FROM		TO		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
MO.	YR.	MO.	YR.		
				PHONE NUMBER Area Code	
3. NAME AND ADDRESS OF EMPLOYER				STARTING POSITION	ENDING POSITION
FROM		TO		NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
MO.	YR.	MO.	YR.		
				PHONE NUMBER Area Code	

MAY WE CONTACT THE EMPLOYERS ABOVE?     YES     NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT \_\_\_\_\_

USE THIS SPACE TO DESCRIBE ANY PREVIOUS WORK HISTORY AND/OR TO DETAIL PARTICULAR JOB RESPONSIBILITIES LISTED ABOVE. INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire or termination of employment.

I further understand that an investigative report may be made as to my prior work performance, character, and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Serenity Hospice & Home or its duly authorized representatives for its use in deciding whether or not to offer me employment. I hereby release Serenity Hospice & Home, employers, schools, persons, and organizations from all liability in responding to or acting upon information obtained from inquiries in connection with my application.

In signing this form, I certify that I understand all of the questions and statements in this application.

### **CONDITIONS OF EMPLOYMENT**

I understand and hereby acknowledge that if I am offered and accept employment with Serenity Hospice & Home, my employment is for no fixed period of time and may be terminated by either myself or Serenity Hospice & Home for any reason with or without notice and with or without cause.

I understand that this Application is not a contract of employment, the Serenity Hospice & Home policies and procedures are not a contract of employment, and that Serenity Hospice & Home does not enter into such contracts with employees except as personally executed in writing by the Board of Directors of Serenity Hospice & Home

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SIGNATURE OF APPLICANT

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DATE

We thank you for your interest in working for Serenity Hospice & Home. If an opening occurs and you are qualified, we will be in touch with you. We will be glad to give this record active consideration for a period of 90 days.