

**ETERNITY HOSPICE & PALLIATIVE CARE**

**4140 N 108<sup>th</sup> Ave Suite 101-A**

**Phoenix AZ 85037**

**Phone: (602) 374-6878 Fax: (888) 778-1251**

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**APPLICATION FOR EMPLOYMENT**

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(PLEASE PRINT)

Last Name	First Name	Middle Initial	Social Security #	
Address: Number	Street	City	State	Zip Code
Telephone Number(s): Cell Phone # ( ) -	Home Phone# ( ) -	Fax Number: ( ) -		

Position(s) Applied For:	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	

Best time to contact you at home:	<input type="checkbox"/> AM <input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever employed with us before: If yes, give date: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do any of your friends or relatives, other than your spouse, work here? If yes, state name, relationship and department: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status? <i>***proof of citizenship or immigrant status will be required upon employment***</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Date available for work: _____ / _____ / _____	What is your desire salary range: \$ _____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you travel if job requires it?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**☐ We consider applicants for all positions without regards to race, color, creed, gender, national origin, age, marital or veteran status, or any other legally protected status.**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

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**E D U C A T I O N**

School	Name and School Location	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**WORK EXPERIENCE**

( Start with your present job. You may include any volunteer activities. )

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Phone #: (     )			
Starting/Present Job Title:	Hourly Rate / Salary		
	Starting	Final	
Supervisor:			
Reason For Leaving:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Phone #: (     )			
Starting/Present Job Title:	Hourly Rate / Salary		
	Starting	Final	
Supervisor:			
Reason For Leaving:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
Phone #: (     )			
Starting/Present Job Title:	Hourly Rate / Salary		
	Starting	Final	
Supervisor:			
Reason For Leaving:	May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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Describe any specialized training, apprenticeship, skills and extracurricular activities:

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**Additional Information: Other qualifications**

(Summarize special job-related skills and qualifications acquired from employment or other experiences.)

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**Specialized Skills**

**Skills / Equipment Operated:**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet (Excel)	<input type="checkbox"/> Other (List)
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____
WPM _____	WPM _____	_____

State any additional information you feel that may be helpful to us in considering your application.

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**PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors.)**

Name	Telephone Number	Best Time To Call
1.)	( )	
2.)	( )	
3.)	( )	

**IN CASE OF EMERGENCY - CONTACT**

Name	Relationship: Phone #: ( )	Address:
Name	Relationship: Phone #: ( )	Address:
Doctor	Phone #: ( )	Address:

**APPLICANT'S STATEMENT**

*I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.*

Signature of Applicant

Date