

**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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This application shall only remain active for 60 days. After 60 days if you are still interested in employment at Eternity Hospice & Palliative Care you must fill out a new application.

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 character and general reputation. I authorize all past employer, schools, persons and organizations having relevant information or knowledge to provide to Eternity Hospice & Palliative Care or its duly authorized representatives for its use in deciding whether or not to offer me employment and specifically waive any liability in responding to inquires in connection with my application. Upon written request by me within a reasonable period of time Eternity Hospice & Palliative Care will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intending to create an employment contract between Eternity Hospice & Palliative Care and me for either employment or for the providing of benefit. If I am offered and accept employment I understand that the employment is for no definite period of time and may, regardless of the date and payment of my wages and/or salary be terminated by either party for any legal reason.

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

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

\_\_\_\_\_  
Date

**For Personnel Department Use Only**

Arrange Interview:     Yes     No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:     Yes     No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date