www.montgomeryhospice.org



Hospice at Home

1355 Piccard Drive, Suite 100 Rockville, MD 20850 Phone: (301) 921-4400

Fax: (301) 921-4433

Casey House

6001 Muncaster Mill Road Rockville, MD 20855 Phone: (301) 631-6800 Fax: (240) 631-6809

EMPLOYMENT APPLICATION

Montgomery Hospice complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodations in order to participate in the interview process are requested to contact the Human Resources Department to arrange such accommodations.

We are an equal opportunity employer and always employ qualified individuals based upon job-related qualifications regardless of race, religion, color, sex, national origin, age, disability, sexual orientation, gender identity, marital status or any other classification proscribed under applicable federal, state or local law.

(Please print)			
Name:	Date:		
Street Address:			
City:	State:	Zip Code:	
Home Phone:	Mobile Phone:		
Email address:	Social Security N	umber: (last 4 digits)	
Position Desired:	Salary Desired:		
Where did you hear of desired position?	?		
Date available to begin:	:Full or Part Time:		
Specify days or hours, if part time:			
If required, would you be willing to wor	rk: Evening/Night Shift Weekends Overtime		
If a job is offered, will you be able to pr	rovide verification of your legal ri	ight to work in the United States? Yes□ No□	
Please list applicable licenses/certificati	ons with state of issue, number a	nd expiration dates:	

2/2015

EDUCATION & TRAINING

List any educational degrees, programs or courses you have taken which would be helpful for the performance of your job. Include present enrollments.

Name of School / City & State	Course of Study	Years attended	Degree or Certification

WORK HISTORY

Please provide information concerning your work history by filling this section out completely. Verified work performed on a volunteer basis may be listed. List present or more recent jobs first. Military experience may be included. (If more space is needed, write on a separate page.) You may attach a resume.

Company Name & Address Supervisor/Phone	Dates Employed	Job Title(s) or Duties	Starting Salary	Final Salary	Reason for Leaving

Please circle the name of any employer or supervisor whom you do NOT want contacted at this time.
Please use this space to discuss special skills, talents or attributes which you have acquired that may assist
you in the performance of the job for which you are applying:

PROFESSIONAL REFERENCES

Give three references who have knowledge of your work during the past five or more years.

Name	Position	Address (including City/State)	Phone (Work/Home)	Number of Years Known

CERTIFICATION OF INFORMATION

I certify that the information provided is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided here, and other matters related to my application for employment, as may be necessary. I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment. I understand that I will be required to provide documentation establishing my legal authorization for employment prior to commencing work.

I understand that if employed, my employment will be at-will and that I will not have a contract for employment nor a guarantee of employment. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the President/CEO.

Montgomery Hospice is an Equal Opportunity Employer and shall treat all employees and all applicants for employment equally based upon job-related qualification and in accordance with all applicable local, state, and federal laws.

MONIGOMERI HOSFICE IS A DRUG-FREE WORKFLACE				
UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.				
Applicant's Signature	Date			
FOR OFFICIAL USE ONLY:				
Interviewed by	Date			
Interviewed by	Date			