

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.
 Exclude organization names which indicate race, color, religion, sex or national origin.

1.	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for leaving				
2.	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for leaving				
3.	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for leaving				
4.	Employer	Telephone	Dates Employed From To		Work Performed
	Address				
	Job Title		Hourly Rate/Salary Starting Final		
	Supervisor				
	Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment of other experience

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (Check)	4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 10 11 12 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, and Apprenticeship, Skills and Honors Received				

In Case of Emergency Notify:

Name

Address

Phone number

EMPLOYER'S STATEMENT

Employees are hired "at will" at Butte Home Health and Hospice and employee or employer may cause a separation of employment with or without cause, and with or without notice.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

If I am employed by the Agency, I will conform to the rules and regulations of this Agency and understand that my employment can be terminated, at any time, with or without cause, and with or without notice, by either myself or the Company. I understand that no Supervisor or representative of this Agency other than the Administrator or Director has authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.

"I understand that the processing of my employment application requires the expenditure of time and resources by this employer. I also understand that this employer would not process this application if I had no genuine interest in employment with this employer at the time this application is submitted".

"Therefore, I hereby represent and certify that I am genuinely and sincerely interested in employment with this employer and that my application is submitted in good faith and without false pretenses in furtherance of my sincere and genuine interest in employment with this employer.

Signature of Applicant

Date