

# Kosciusko Home Care & Hospice, Inc.

1515 Provident Dr, Suite 250, Warsaw IN 46580

## APPLICATION FOR EMPLOYMENT

This company does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, ancestry, age, disability, or any other factor or status protected by law. Kosciusko Home Care & Hospice, Inc. will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities or any other status protected by law.

### GENERAL INFORMATION

<b>Name (Last)</b>	<b>(First)</b>	<b>(Middle Initial)</b>	<b>Home Telephone</b> ( ) -
<b>Address (Mailing Address)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>
<b>E-Mail Address</b>		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Telephone</b> ( ) -			

### POSITION

<b>Position Desired</b>	<b>Will Accept:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call/PRN	<b>Available:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Holidays
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pay Desired</b>	<b>Date Available</b>	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed			
<b>College, Business School</b>			
Name and Location	Dates Attended	Graduate	Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>	<b>Where Issued</b>
			<b>Expiration Date</b>
<b>Occupational License, Certificate or Registration</b>		<b>Number</b>	<b>Where Issued</b>
			<b>Expiration Date</b>
<b>Languages Read, Written or Spoken Fluently Other Than English</b>			

Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	Position:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of an offense (including motor vehicle convictions) that has not been expunged by order of a court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any local medical facilities (hospitals, nursing facilities, etc) you are not permitted to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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**VETERAN INFORMATION (Most recent)**

Branch of Service	Date of Entry	Date of Discharge
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**WORK HISTORY (Most Recent First)**

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Telephone Number (    )    -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I understand that if I am offered a job, I may be required to undergo a medical examination, drug screen, and answer various medical inquiries as a condition of beginning my employment with Kosciusko Home Care & Hospice, Inc.  
 I certify the information contained in this application is true, correct, and complete. I authorize investigation of all statements contained in this application.  
 I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

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

Other Information/Comments (Maximum 350 characters)
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