



**PRIME HOME CARE**  
 COMPASSIONATE CARE HOSPICE

**APPLICATION FOR EMPLOYMENT/VOLUNTEER**

Instructions: Please submit this application furnishing all information in sufficient detail to enable Prime Home Care/Compassionate Care Hospice, LLC to determine your eligibility for employment. If additional space is required please attach a separate sheet.

Position applied for:

Date of Application:

Name (Last, First, Middle)

Names under which you were employed (Including maiden and married)

PRESENT ADDRESS (Include ZIP Code)	Address 2	Apt. No.	TELEPHONE NUMBER (Include Area Code) Residence/Cell Phone
CITY STATE ZIP			Business

DATE OF BIRTH	PLACE OF BIRTH (City and State)	SOCIAL SECURITY NUMBER
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CITIZENSHIP <input type="checkbox"/> US CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED US CITIZEN <input type="checkbox"/> NOT A US CITIZEN	COUNTRY OF CITIZENSHIP
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HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?	HAVE YOU EVER BEEN EMPLOYED WITH COMPASSIONATE CARE HOSPICE OR ANY OTHER ASSOCIATED COMPANIES?	If yes please list date of application or employment.
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WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER?	DATE AVAILABLE FOR EMPLOYMENT
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**ACTIVE MILITARY DUTY**

Date From	Date To	Serial or Service No	Branch of Service	Type of Discharge <input type="checkbox"/> Honorable <input type="checkbox"/> Other (Please explain on separate sheet.)
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**LICENSURE, DEA CERTIFICATION, REGISTRATION, AND CLINICAL PRIVILEGES  
 (As applicable)**

LIST ALL STATES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED (If not held now, explain on separate sheet)	LICENSE NUMBER	CURRENT REGISTRATION (If "NO" explain on a separate sheet)			Expiration Date
		YES	NO	NOT REQUIRED	



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ARE YOU FULLY LICENSED IN EVERY STATE IN WHICH YOU RECEIVED A LICENSE (If restricted, limited or probational in any State(s) explain on separate sheet.) ___ YES ___ NO	DO YOU HAVE PENDING OR HAVE YOU EVER HAD A STATE LICENSE TO PRACTICE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED (If "YES" explain on separate sheet.) ___ YES ___ NO	HAVE YOU EVER HELD A REGISTRATION TO PRACTICE THAT IS NO LONGER HELD OR CURRENT (If "YES" explain on separate sheet.) ___ YES ___ NO
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### QUALIFICATIONS

NAME OF SCHOOL	ADDRESS (City, State, and ZIP Code)	MAJOR	DATES	DIPOLMA/DEGREE RECEIVED

### PROFESSIONAL EXPERIENCE

*(List most recent first)*

EMPLOYER	PHONE NUMBER/ADDRESS	LAST POSITION HELD	FROM	TO	NAME OF LAST SUPERVISOR

**REFERENCES** *(List three people who are not related to you by blood or marriage and who have been in a position to judge your qualifications and know you in a professional manner during the last three years)*

Name	Phone Number	Capacity worked with	Years Known	Occupation



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Within the last five years have you been discharged from any position for any reason? If “yes” please explain. *Answering yes does not disqualify you from employment*

Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised? If “yes” please explain. *Answering yes does not disqualify you from employment*

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less? If “yes” please explain. *Answering yes does not disqualify you from employment*

During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law including traffic violations? If “yes” please explain. *Answering yes does not disqualify you from employment*

Have you ever had a “founded” allegation of abuse against you? If “yes” please include date, State, and explain. *Answering yes does not disqualify you from employment*

While in the military service were you ever convicted by a general court-martial? If “yes” please explain. *Answering yes does not disqualify you from employment*

Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any federally guaranteed or insured loans such as student and home mortgage loans.) If “yes” explain, include the type, length, and amount of the delinquency or default and steps you are taking to correct error or repay the debt. *Answering yes does not disqualify you from employment*

**NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work.**

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date