



# Application for Employment

Lower Cape Fear Hospice & LifeCareCenter  
1414 Physicians Drive  
Wilmington, NC 28401  
910.796.7900

**Please complete all sections fully. Incomplete applications will not be considered.**

Date: \_\_\_\_\_ Position(s) Applying For: \_\_\_\_\_  
 Name (last, first, middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Phone for message \_\_\_\_\_  
 City/State/Zipcode \_\_\_\_\_ Salary Expected \_\_\_\_\_  
 Previous Address (if less than 2 year at current address)  
 \_\_\_\_\_ City/State/Zipcode \_\_\_\_\_

## Job Data

Will you work weekends?  Yes  No. Explain below. Will you work holidays?  Yes  No. Explain below.  
 \_\_\_\_\_  
 Date available for work \_\_\_\_\_ Hours available \_\_\_\_\_  
 Have you ever worked for Lower Cape Fear Hospice & LifeCareCenter?  Yes  No. If so, when and in what position? \_\_\_\_\_  
 Are you related to anyone employed at Lower Cape Fear Hospice & LifeCareCenter?  Yes  No  
 If so, whom? \_\_\_\_\_  
 Relationship? \_\_\_\_\_  
 Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?  Yes  No.  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

Professional Registration/Certification, License Information  
 Title \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Title \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Has your registration, certification or license ever been revoked or suspended?  Yes  No.  
 If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_

## Education

	Name & Address	City/State	Dates (To-From)	Graduated/GED	Course/Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____
Nursing School	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____



**Work Experience**

Begin with your most recent employer. May we contact him/her?  Yes  No. (Attach separate sheet if needed).

Name & Address & Telephone # \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Name & Address & Telephone # \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Name & Address & Telephone # \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Name & Address & Telephone # \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

**Skills**

What qualifications do you have for the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Personal or professional references other than relatives:

Name	Telephone/Email	Occupation
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Miscellaneous**

Are you a U.S. Citizen?

Yes  No. Visa type \_\_\_\_\_ Visa Number \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Have you ever been convicted of a crime, either civilian or military?

(Include both felonies and misdemeanors. A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of violation will be taken into account.)

Yes  No. If yes, give dates and explanation \_\_\_\_\_

If yes, are you currently on probation, either supervised \_\_\_\_\_ or unsupervised \_\_\_\_\_?

If the position you are applying for requires driving of your personal or a company vehicle, do you have a current North Carolina driver's license?

Yes  No.

Driver's License Number \_\_\_\_\_

Has your driver's license ever been revoked or suspended?

Yes  No. If yes, explain \_\_\_\_\_

How were you referred to Lower Cape Fear Hospice & LifeCareCenter? Be specific (give source, names, etc.)

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that my answers to the question on this application are true and that to safeguard the welfare of myself, my associates, the patients and Lower Cape Fear Hospice & LifeCareCenter once given a conditional offer of employment, I will consent to all legally permissible physical and other examinations required at any time Lower Cape Fear Hospice & LifeCareCenter. I understand that if I am employed, it will be on a trial basis for the first 90 days. If employed, I agree to abide by the rules and regulations of Lower Cape Fear Hospice & LifeCareCenter. I understand that my employment can be terminated at any time, with or without cause, at the option of either Lower Cape Fear Hospice & LifeCareCenter or myself. I understand that if employed, this application becomes part of the terms and conditions of my employment. Falsified statements on this application or other employment documents may result in termination of my employment.

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

\_\_\_\_\_  
Date

## Permission for Reference Release



### ***To Whom It May Concern***

Having made application for employment with Lower Cape Fear Hospice & LifeCareCenter and desiring it to be informed as to my previous record and character, I hereby authorize the release of my past record and forward any and all requested information which may concern my record and character. I hereby release all such persons/institutions from liability or damages as a result of inquiry or furnishing this information.

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

Lower Cape Fear Hospice & LifeCareCenter • 1414 Physicians Dr. • Wilmington, NC 28401 • 910.796.7900