

Medication & Dental Assistance
Kosciusko Home Care & Hospice, Inc.
 1515 Provident Drive, Suite 170, Warsaw, IN 46580

Employment Application

Applicants are considered for all positions without regard to age, sex, race, color, disability, religion, veteran status, or national origin. 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.

APPLICANT INFORMATION

First Name:	M.I.:	Last Name:
Alternate Last Name:		SSN#:
Birth Date:		Telephone #:
Mailing Address:		Apt/Unit #:
City:	State:	Zip:
Email Address:		
Position Applying For:		Date of Application:

EDUCATION

High School:		Address:	
From:	To:	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
List any special skills/training:			
College:		Address:	
From:	To:	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
List any special skills/training:			
Graduate/Other:		Address:	
From:	To:	Did you Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
List any special skills/training:			

EMPLOYMENT EXPERIENCE

List your employment history, beginning with your most recent employer.

Employer:	Dates Employed:	Duties/Responsibilities:
Address:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Hourly Rate/Salary Start: Final:	Job Title:	
Immediate Supervisor:	Phone #:	

Reason for Leaving:

Employer:	Dates Employed:	Duties/Responsibilities:
Address:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Hourly Rate/Salary Start: Final:	Job Title:	
Immediate Supervisor:	Phone #:	

Reason for Leaving:

Employer:	Dates Employed:	Duties/Responsibilities:
Address:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Hourly Rate/Salary Start: Final:	Job Title:	
Immediate Supervisor:	Phone #:	

Reason for Leaving:

Kosciusko Home Care & Hospice, Inc.

FAX: (574) 372-3415
Website: koshomecare.org

1515 Provident Drive, Suite 250
P.O. Box 1196
Warsaw, IN 46580-1196

Phone: (574) 372-3401
Toll Free: 1-866-359-3403

TO: _____

FAX: _____

Attention: _____

FROM: _____

FAX: _____

DATE: _____

No. of pages: _____

In an attempt to provide the highest quality care service available, our agency finds it necessary to check the employment history of all applicants prior to employment. Thank you for your cooperation. If we can be of assistance to you, please do not hesitate to call on us.

Print Name: _____ Other names: _____

Signature: _____ Position Desired: _____

I have applied for a position with Kosciusko Home Care & Hospice, Inc. and would appreciate it if you would give them the information requested concerning my employment with your firm from: _____ to _____. Thank you.

APPLICANT –LEAVE THE REMAINDER OF THIS FORM BLANK

Dates in your employ: From: _____ To: _____

Position held: _____ Salary: _____

Reason for leaving: _____

Would you re-employ? Yes No If "No," reason: _____

(Check one)	Exceptional	Good	Fair	Poor
Quality of work:				
Quantity of work:				
Job knowledge:				
Attendance:				

REMARKS: _____

Signature of Facility Representative

Date