



Hospice at Home
1355 Piccard Drive, Ste 100
Rockville, MD 20850
Phone: (301) 921-4400
Fax: (301) 921-4433

Casey House
6001 Muncaster Mill Road
Rockville, MD 20855
Phone: (240) 631-6800
Fax: (240) 631-6809

Prince George's Hospice
10450 Lottsford Rd., Ste 262
Bowie, MD 20721
Phone: (301) 921-4400
Fax: (301) 921-4433

EMPLOYMENT APPLICATION

The Hospices of Montgomery and Prince George's comply with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodations in order to participate in the interview process are requested to contact the Human Resources Department to arrange such accommodations.

We are an equal opportunity employer and always employ qualified individuals based upon job-related qualifications regardless of race, religion, creed, color, sex, country of national origin, age, disability, sexual orientation, gender identity, marital status, retaliation, physical appearance or political opinion or any other classification proscribed under applicable federal, state or local law.

Please be advised that any final candidate, whether staff, student or volunteer, who works in the same capacity as staff who provide care, treatment and services or who potentially have access to patient medical records or confidential personnel information will be required to complete a background check authorization form upon acceptance of employment offer and prior to first day of employment.

(Please print)

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____ Social Security Number: (*last 4 digits*) _____

Position Desired: _____ Location (circle one): Montgomery / Prince George's

Salary Desired: _____ Where did you hear of desired position? _____

Date available to begin: _____ Full or Part Time: _____

Specify days or hours, if part time: _____

If required, would you be willing to work:	Evening/Night Shift	Yes	No
	Weekends	Yes	No
	Overtime	Yes	No

If a job is offered, will you be able to provide verification of your legal right to work in the United States?
Yes No

Please list applicable licenses/certifications with state of issue, number and expiration dates:

EDUCATION & TRAINING

List any educational degrees, programs or courses you have taken which would be helpful for the performance of your job. Include present enrollments.

Name of School / City & State	Course of Study	Years attended	Degree or Certification

WORK HISTORY

Please provide information concerning your work history by filling this section out completely. Verified work performed on a volunteer basis may be listed. **List present or most recent jobs first.** Military experience may be included. (If more space is needed, write on a separate page.) You may attach a resume.

Company Name & Address Supervisor/Phone	Dates Employed	Job Title(s) or Duties	Reason for Leaving

Please circle the name of any employer or supervisor whom you do *NOT* want contacted at this time.

Please use this space to discuss special skills, talents or attributes which you have acquired that may assist you in the performance of the job for which you are applying: _____

PROFESSIONAL REFERENCES

Give three references who have knowledge of your work during the past five or more years.

Name	Position	Address (including City/State)	Phone (Work/Home)	Number of Years Known

CERTIFICATION OF INFORMATION

I certify that the information provided is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided here, and other matters related to my application for employment, as may be necessary. I hereby release employers, schools, and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge in the event of employment. I understand that I will be required to provide documentation establishing my legal authorization for employment prior to commencing work.

I understand that if employed, my employment will be at-will and that I will not have a contract for employment nor a guarantee of employment. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by the President/CEO.

The Hospices of Montgomery and Prince George's are an Equal Opportunity Employer and shall treat all employees and all applicants for employment equally based upon job-related qualification and in accordance with all applicable local, state, and federal laws.

MONTGOMERY HOSPICE AND PRINCE GEORGE'S HOSPICE ARE DRUG-FREE WORKPLACES

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE ONLY:	
Interviewed by _____	Date _____
Interviewed by _____	Date _____