

Personal references Requested: List three with all information given *(No relatives please)*

Name	Address	phone	Business/association

Twin Lakes Hospice does not discriminate in hiring or any other decision on the basis of race, color, sex citizenship, nationality or ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give Twin Lakes Hospice the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by Twin Lakes Hospice at such time and places as Twin Lakes Hospice shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing the application form.

If employed I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's signature _____ Date _____