



**Celia's House in Holmes Park Employment Application**

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Credentials: Please list any degrees, licenses, and certifications you currently hold.

\_\_\_\_\_  
\_\_\_\_\_

References: Please list the Names and contact information from at least two references. Letters of reference are also welcome but not required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answers to the following questions:

I. Briefly explain what experience you have with end-of-life care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why would you like to work for Southern Oregon Friends of Hospice?

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Have you ever been found to have committed abuse? Yes No

Comments: \_\_\_\_\_

Are you licensed or certified by the board as a CMA, CNA, LPN, or RN as applicable to your job? Yes No Not Applicable

Comments: \_\_\_\_\_

Have you ever had disciplinary action by the Nursing Board/Licensing Board or had substantiated abuse finding against you? Yes No

Comments: \_\_\_\_\_

I, \_\_\_\_\_ certify that the answers above are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_