



Application for Employment

Bright Hospice Care, Inc. dba Sonata Hospice
22320 Foothill Blvd., Hayward, CA 94541

We are an Equal Employment Opportunity Employer

IDENTIFICATION	Last Name		First Name		Middle Name		Preferred Name	
	Street Address				City		State	Zip code
	Email Address				Cell Phone		Home Phone	
	How did you hear about our Company?				Were you referred to the Company? If yes, by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives that work for our Company? If yes, please list name and relation: <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever worked for our Company? If so, when? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POSITION	Primary Position Desired		Secondary Position Desired		Salary Desired		When are you able to start?	
	What is your availability to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, Number of Hours _____				What shift(s) are you available? <input type="checkbox"/> Morning Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift			
	Available to work overtime? (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a reliable means of transportation to/from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL	If hired, can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				Can you furnish proof of your age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Education List name and location.				Grade/Years Completed				Graduated?		Major	
	High School/GED				9 10 11 12				<input type="checkbox"/> Yes <input type="checkbox"/> No		N/A	
	College/Junior College				1 2 3 4				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Graduate School				1 2 3 4				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Business/Trade School				1 2 3 4				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	List any foreign languages that you know: _____ <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak				Software Skills <input type="checkbox"/> Excel <input type="checkbox"/> Kronos <input type="checkbox"/> PointClickCare <input type="checkbox"/> Word <input type="checkbox"/> Outlook <input type="checkbox"/> Windows				Relevant Special Skills/Experience: _____ _____			

LICENSES	List all Licenses, Certifications and Professional Designations Earned				
	Type	State	License Number	Name on License	Expiration Date

ADDITIONAL INFORMATION	Have you ever used any other name than you are currently using? If yes, please list all names used:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	As an employee, have you ever been involuntarily discharged or asked to resign? If yes, please explain in detail:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you able to perform the essential job functions of the position for which you are applying, with or without accommodation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If required, are you willing to have a pre-employment physical and/or drug test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

An affirmative answer to any of these question may not necessarily disqualify you from consideration of employment

