

HINDS HOSPICE

Human Resources Department

EMPLOYMENT APPLICATION INSTRUCTIONS

We are pleased that you have considered employment with our Agency. Please read the following instructions carefully before completing the Employment Application.

1. Complete all applicable sections of the application in ink. An incomplete application may be cause to disqualify you from consideration for the opening.
2. You must sign and date the Employment Application.
3. If you are applying for more than one opening, a separate application must be completed and submitted for each opening.
4. You must attach a resume to the Employment Application. A resume will not be acceptable in lieu of an Employment Application.
5. If you are selected for an interview, we will notify you either by mail or telephone, otherwise there will be no further notification by the Agency.

AFFIRMATIVE ACTION MONITORING FORM

Applicants are asked to *VOLUNTARILY* provide the following information. This information will be separated from your application before any decisions affecting employment are made and will be used by authorized personnel for statistical purposes only

NAME

POSITION

MALE	FEMALE	DISABILITY:	Yes	No
<input type="checkbox"/> UNDER 21		<input type="checkbox"/> CAUCASIAN		
<input type="checkbox"/> 21-29		<input type="checkbox"/> AFRICAN-AMERICAN		
<input type="checkbox"/> 30-39		<input type="checkbox"/> HISPANIC		
<input type="checkbox"/> 40-49		<input type="checkbox"/> NATIVE AMERICAN OR ALASKAN		
<input type="checkbox"/> 50-59		<input type="checkbox"/> ASIAN		
<input type="checkbox"/> 60-65		<input type="checkbox"/> PACIFIC ISLANDER		
<input type="checkbox"/> OVER 65		<input type="checkbox"/> FILIPINO		
		<input type="checkbox"/> OTHER		