

APPLICATION DISCLAIMER AND RELEASE

I certify that the information contained in this application is correct to the best of my knowledge and understand that the falsification of this information is grounds for dismissal in accordance with Community Hospice Care's policy. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. In consideration of my employment, I agree to conform to the rules and regulations of Community Hospice Care and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of Community Hospice Care other than the Executive Director of Community Hospice Care has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature

Date