

**Valley Home Services Inc. d/b/a  
Columbine Caregivers  
APPLICATION FOR EMPLOYMENT  
HUMAN RESOURCES DEPARTMENT  
P.O. Box 4358  
Grand Junction, CO 81502  
(970) 241-2698**

**INSTRUCTIONS:** Each question should be fully and accurately answered. Please print or type, except for the signature on the application. A separate application must be submitted for each position for which you are applying. Completed applications may be mailed, emailed to [columbinecaregivers@gmail.com](mailto:columbinecaregivers@gmail.com), faxed to 970-628-1782 or delivered to our office, 602 26 ½ Road, Grand Junction, CO (corner of Patterson and 7<sup>th</sup> Street across from St. Mary's hospital).

**NAME:** \_\_\_\_\_  
(As written on Social Security Card) Last First M.I.

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**TELEPHONE:** \_\_\_\_\_  
Home Business Message

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE AVAILABLE FOR WORK:** \_\_\_\_\_

**Are you available for:** Fulltime Part time Employment

**Are you a citizen of the United States or are you legally authorized to work in the U.S.?**  
Yes No

**Are you 18 years or older?** Yes No If no, list date of birth:

**Do you possess a valid driver's license?** Yes No

**License Number:** State: Expiration Date:

**Do you have a current Commercial Driver's License (CDL)?** Yes No

**Have you worked for Columbine Caregivers before?** Yes No

If yes, list approximate dates of employment: From: To:

**Do you have any relatives presently working for Columbine Caregivers?** Yes No  
If yes, list name and relationship:

**Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please state the crime(s) you were convicted of and explain the date, location, nature and facts surrounding each conviction. Use an attachment sheet if necessary.**

**Essential functions of positions are described in job advertisements/announcements specific to the position vacancy. If you need reasonable accommodations to perform the essential functions of the position(s) for which you are applying, or need a reasonable accommodation in order to apply, please contact the Human Resources Department at (970) 210-2246 for assistance.**

## **WORK HISTORY**

Your work experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time including military service, related volunteer experience, as well as any period of unemployment. A resume may be attached if desired:

**Name of Employer:** \_\_\_\_\_

Type of Business: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip

Name of Last Supervisor: \_\_\_\_\_ May we contact this employer? Yes No

Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason(s) for leaving or seeking other employment: \_\_\_\_\_

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Employer's Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_  
Street City State Zip  
May we contact this employer? Yes No

Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason(s) for leaving or seeking other employment: \_\_\_\_\_

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Type of Business: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Name of Last Supervisor: \_\_\_\_\_  
Street City State Zip  
May we contact this employer? Yes No

Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason(s) for leaving or seeking other employment: \_\_\_\_\_

### **Education**

Name, address and location of school attended: \_\_\_\_\_

Did you graduate?

High School:

College or University:

College Major:

Degree:

**Have you served in the United States Armed Forces?** Yes      No

If yes, list dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

**Additional education and/or vocational, technical, or military training information relevant to the position for which you are applying:**

Additional information that might qualify you for the position: \_\_\_\_\_

**Columbine Caregivers is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, sex, age, national origin, disability, and other characteristics protected by law**

I certify that all statements made in this application are true and complete. I authorize Columbine Caregivers to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies and Columbine Caregivers from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release can be used for all purposes I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in Columbine Caregivers statements of personnel policies or in my communication with any Columbine Caregivers employee or official is intended to create an employment contract between Columbine Caregivers and me. In the event that I am hired by Columbine Caregivers, I understand that my continued employment will be at the mutual consent of Columbine Caregivers and me. Accordingly, either I or Columbine Caregivers may terminate my employment at-will at any time with or without cause or notice. I understand that the at-will nature of the employment relationship can only be changed in a specific writing signed by the Directors of Columbine Caregivers.

I hereby acknowledge that I have read, understand and agree to the preceding statement.

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**

**References:**

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_