

Columbine Caregivers APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DEPARTMENT

P.O. Box 1861
Grand Junction, CO 81502

(970) 241-2698

columbinecaregivers@gmail.com

INSTRUCTIONS: Each question should be fully and accurately answered. Please print or type, except for the signature on the last page of the application. A separate application must be submitted for each position for which you are applying.

DATE: _____

REFERRED BY: _____

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 have a valid Colorado CNA/LPN/RN license? Yes No

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

License Number: State: Expiration Date:

Do you have a reliable vehicle to transport yourself to clients homes? Yes No

Do you have current vehicle insurance? Yes No

Vehicle Insurance Company _____ Expiration Date _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Date of Birth _____

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 the Columbine Caregiver position description 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) 241-2698 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: _____

Name of Employer: _____

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: _____

Name of Employer: _____

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:

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

Emergency Contact and Phone #: _____

References:

Name _____ **Telephone** _____

Name _____ **Telephone** _____