

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (PCP, RN, Secretary, CNA, etc.) \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

_____	(____)	_____	_____
Last Name	First Name	Middle Initial	Telephone Number

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 year of age or older? Yes  No  (If you are hired you may be required to submit proof of age.)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? . . . . . Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? . . . . . Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? . . . . . Yes  No

If yes, give details: \_\_\_\_\_  
 (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? . . . . . Yes  No

If yes, please explain: \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number \_\_\_\_\_ State of License: \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.) \_\_\_\_\_

LIST NAME AND ADDRESS OF SCHOOLS	# of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED _____	_____	_____	_____
College or University _____	_____	_____	_____
Vocational or Technical _____	_____	_____	_____

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

Initials: \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
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ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name? ..... Yes  No   
 If yes, give names : \_\_\_\_\_

Are you presently employed? ..... Yes  No   
 If yes, may we contact your present employer? ..... Yes  No

Have you ever been fired from a job or asked to resign? ..... Yes  No   
 If yes, please explain : \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization representative for details.

# EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Professional Home Health Care.

Type of Transportation you have / will use for home visits: \_\_\_\_\_

Do you have any allergies that would affect your work at PHHC?  No.  Yes.

If yes, please list here: \_\_\_\_\_

Do you have a problem working with a client who smokes?  No.  Yes

How many hours are you willing to work per week? \_\_\_\_\_

Locations willing to work (circle those that apply, and/or write in additional locations):

Boulder/ Longmont	Denver		Colorado Springs	Pueblo
Boulder	Arvada	Lakewood	Colorado Springs	Pueblo
Gunbarrel	Aurora	Littleton	Fountain	Pueblo West
Lafayette	Brighton	Montbello	Woodland Park	Other:
Louisville	Broomfield	Northglenn	Other:	
Erie	Castle Rock	Westminster		
Longmont	Commerce City	Wheatridge		
Niwot	Denver	Other:		
Other:	Highlands Ranch	Other:		
Other:	Golden	Other:		

***Please Check (X) the Day and Time of Week You Are Available***

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

Initials: \_\_\_\_\_

**PHHC TELEPHONE REFERENCE CHECK FORM - # 1**

**EMPLOYMENT INFORMATION: To be completed by Applicant**

Name of first Professional Reference To Be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Professional Home Health Care, Inc.

Applicant Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**\*\*\*\*\*FOR OFFICE USE ONLY**

**EMPLOYMENT VERIFICATION: To be completed by employer**

*INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"*

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_\_\_ dependable? \_\_\_\_\_ work well with other? \_\_\_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision? \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).**

PHHC TELEPHONE REFERENCE CHECK FORM - # 2

**EMPLOYMENT INFORMATION: To be completed by Applicant**

Name of second Professional Reference To Be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Professional Home Health Care, Inc.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY**

**EMPLOYMENT VERIFICATION: To be completed by employer**

*INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"*

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_\_\_ dependable? \_\_\_\_\_ work well with other? \_\_\_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision? \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Form to be filed in employee file. Write any additional information or comments on a separate sheet of paper).



**Applicant Profile / Employment Screen**  
 Office: (303) 692-8050 Fax: (303) 692-8511

**CLIENT INFORMATION**

Company: *Professional Home Health Care, Inc.* Client #: \_\_\_\_\_  
 Individual Requesting Search: PHHC Human Resources Clerk \_\_\_\_\_ Phone: (303) 444 -1981 Fax: (303) 951 - 8961

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous names (maiden / marriage etc.): \_\_\_\_\_ Date Changed: \_\_\_\_\_  
 (Attach additional sheet, if necessary.) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence.** Attach additional sheet, if necessary.)

1. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_  
 2. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

How long has applicant lived in state? \_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic violations?  Yes  No. If yes, please list all crimes, including but not limited to, Felonies and Misdemeanors: \_\_\_\_\_  
 \_\_\_\_\_

I authorize TruDiligence to prepare a consumer report on myself for the purpose of employment screening. Additionally, I authorize all references, corporations, schools, employers, credit bureaus, licensing boards, government and law enforcement agencies or any other entity deemed necessary to release any information TruDiligence may require in connection with this investigation. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process. I further authorize that a photocopy of this authorization may serve as an original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Please indicate the services to be performed on this applicant.

<input type="checkbox"/> Social Security Number Trace	<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Drivers History
<input type="checkbox"/> Statewide Arrest Record**	<input type="checkbox"/> Education Verification	<input type="checkbox"/> Credit Report
<input type="checkbox"/> County Level Court Record	<input type="checkbox"/> Reference Check	<input type="checkbox"/> OIG/GSA Exclusion
<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Professional License Verification	<input type="checkbox"/> Workers' Comp. Claims **

\*\* Indicates a separate release form may be required. Call your account representative for details.