



Applications accepted by mail only:
P.O. Box 6748
Colorado Springs, CO 80934

Employment Application

We are an Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () Cell Phone () E-mail Address: _____
Emergency Ph Social Security No.: _____ Desired Pay: \$ _____

Position Applied for: _____ Date Available: _____

Valid Driver's License # _____ State Issued _____ Expiration Date _____

Make/Model of Vehicle _____ Insurance Company, Agent & Ph # _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____ Highest Grade Completed _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____ 9 10 11 12

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____ 13 14 15 16

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Job Related Skills

Please describe any caretaker training you have had that applies to elderly care.

Please discuss any experiences you have regarding care for the elderly.

Why would you like to work with the elderly?

Please explain the most difficult part of working with the elderly.

Are you able to lift a minimum of 40 pounds? Provide an explanation if necessary.

Do you have any concerns about working in a client's home that has a pet?

Yes No If yes, cats , dogs, , other _____

If there is smoking in the client's home, will you be able to provide services?

Yes No

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____ # Years Known _____
Company: _____ Phone: () _____
Address: _____ Best Time to Contact _____

Full Name: _____ Relationship: _____ # Years Known _____
Company: _____ Phone: () _____
Address: _____ Best Time to Contact _____

Full Name: _____ Relationship: _____ # Years Known _____
Company: _____ Phone: () _____
Address: _____ Best Time to Contact _____

Previous Employment

Most Recent Company:

Phone: () _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Pay: \$ _____

Ending Pay: \$ _____

Responsibilities
Be very specific
(Use back page
if necessary)

From: _____

To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, why not? _____

Applicant Initials _____

Next

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Pay: \$

Ending Pay: \$

Responsibilities:

Be very specific
(Use back page
if necessary)

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

If no, why not?

3rd

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Starting Pay: \$

Ending Pay: \$

Responsibilities:

Be very specific
(Use back page
if necessary)

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

If no, why not?

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize this company and/ or its agents, including background investigation or consumer reporting bureaus, to verify any of this information, including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information concerning my background and hereby release any and all said persons, schools, companies and law enforcement agencies from any liability for any damages whatsoever for issuing this information. I understand that the use of illegal drugs is prohibited during employment and if the company requires I am willing to submit to testing for illegal drug use before and during employment.

Signature: _____

Date: _____