Employment Application

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| Applicant Information |

POSITION APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apartment/Unit #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Zip Code

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, or a misdemeanor? \_\_Yes \_\_No

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

Do you have a Valid Driver’s License? \_\_Yes \_\_No

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| Education |

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| High School: | Address: |
| From: To: Did you graduate? \_\_Yes \_\_No Degree: | |
| College: | Address: |
| From: To: Did you graduate? \_\_Yes \_\_No Degree: | |
| Other: | Address: |
| From: To: Did you graduate? \_\_Yes \_\_No Degree: | |

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| References (List three Professional Reference that you authorize us to contact) NOT FAMILY |

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| Full Name: Relationship: |
| Company: Phone Number: |
| Address: |
| Full Name: Relationship: |
| Company: Phone Number: |
| Address: |
| Full Name: Relationship: |
| Company: Phone Number: |
| Address: |

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| Previous Employment |

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| Company: Supervisor: |
| Address: Phone: |
| Job Title: Starting Salary: Ending Salary: |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact previous supervisor for a reference? \_\_Yes \_\_No |

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| Company: Supervisor: |
| Address: Phone: |
| Job Title: Starting Salary: Ending Salary: |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact previous supervisor for a reference? \_\_Yes \_\_No |

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| Company: Supervisor: |
| Address: Phone: |
| Job Title: Starting Salary: Ending Salary: |
| Responsibilities: |
| From: To: Reason for Leaving: |
| May we contact previous supervisor for a reference? \_\_Yes \_\_No |

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| Military Service |

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| Branch: From: To: |
| Rank at Discharge: Type of Discharge: |
| If other than Honorable, explain: |

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| Disclaimer and Signature |

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

I authorize you to contact my references either personal or professional.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALCOHOL AND DRUG TESTING POLICY

AND ACKNOWLEDGEMENT

**Policy:**

Guardian Angel Home Health/Angelic Hands is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Guardian Angel Home Health/Angelic Hands needs to be notified of any medical marijuana card that you have in your possession. Having a card does not authorize the use of marijuana while working for Guardian Angel Home Health/Angelic Hands. If for any reason you work under the influence the disciplinary action may result in termination. Any refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HAVE READ THE Alcohol/Drug Testing Policy established by Guardian Angel Home Health/Angelic Hands LLC, I am fully aware that failure to adhere to the policy or refusal to submit to testing will result in immediate dismissal.

I am also aware that if I refuse to sign this acknowledgment, it shall not preclude testing, or otherwise effect the implementation of the policy, since the agency has previously notified me of the requirements to be drug free.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Social Security Number

RELEASE OF INFORMATION

AUTHORIZATION FORM

By my signature below, I authorize the State of Colorado through the State Bureau of Investigation, Division of Criminal Information to perform a Colorado criminal history record information check relative to my application for employment or volunteer services with Angelic Hands LLC.

Please PRINT legibly:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Maiden

Previous Name(s) including previous married name(s) and aliases:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicant has lived at the above address for less than two years, please list previous addresses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State County Country

I understand that the Colorado Bureau of Investigation, Division of Criminal Information and its officials and employees shall not be held legally accountable in any way for providing this information to the above named healthcare provider, and I hereby release said Agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the healthcare provider cannot provide me with a copy of the results of this criminal history record check.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_