



# APPLICATION FOR EMPLOYMENT

Name: _____	Date: _____
Address: _____ _____	
Phone number(s) Primary: _____	Alternative _____

Position(s) you are applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available full time? \_\_\_\_\_

Are you available part time? (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours can you work? \_\_\_\_\_

When would you be available for employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you previously employed here? \_\_\_\_\_ if yes, please specify dates of employment: \_\_\_\_\_

State your reason(s) for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ if yes, please describe: \_\_\_\_\_

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**\*NOTE: COLORADO REGULATIONS REQUIRE THAT A CRIMINAL HISTORY CHECK BE DONE ON ALL EMPLOYEES IN THE RESIDENTIAL CARE SETTING.**

<b>EDUCATION RECORD</b>					
<b>SCHOOL</b>	<b>CITY / STATE</b>	<b>CIRCLE YEAR COMPLETED</b>			
Elementary School		5	6	7	8
High School		1	2	3	4
College		1	2	3	4
Other:					

What Diplomas, Degrees, Or Certificates Have You Been Awarded?

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<b>EMPLOYMENT RECORD</b>		
<b>DATES OF EMPLOYMENT</b>	<b>NAME/ADDRESS/PHONE # OF EMPLOYER</b>	<b>REASON FOR LEAVING</b>

Do you have any physical and/or mental conditions or disabilities which may limit your ability to perform the job description(s) for the position(s) you are applying for?

[Yes]      [No]

If yes, list the specific conditions/disabilities and specify how they would limit your ability to perform the job: \_\_\_\_\_

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I understand that it will be necessary for me to complete a health questionnaire and/or to have a physical examination as required by state regulations prior to employment with this facility.

I understand that all personnel must have screening for tuberculosis as a condition of employment in this residential care setting as required by state regulations.

I understand that the facility must check my "criminal history" and my past employment record during the application process.

**I also understand that if employed, false statements on this application form may be considered cause for dismissal.**

Applicant's signature: \_\_\_\_\_

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

Please return completed application to:

FAX – 1-866-309-9510

E-MAIL – [live@hassistedliving.com](mailto:live@hassistedliving.com)

14601 E Hampden Pl  
Aurora, CO 80014  
303-699-6050