# Application for Employment

Name: _____

Preferred Name: _____

Email: _____

Phone number: _____

Position(s) you are applying for:

    Caregiver/QMAP

Have you completed, and passed, your QMAP training for the state of Colorado?

    Yes          No

Are you available full time, part time, or as needed?

    Full-time        Part-time        As needed

Availability - Please select one or more boxes for each day:

|  | Any | Morning/Early Afternoon | Afternoon/ Evening | Overnight | None |
|---|---|---|---|---|---|
| Sunday |  |  |  |  |  |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |

When are you available to begin employment? _____

Were you previously employed by Peak Gardens Assisted Living?

Yes             No

If yes, when, and why did you leave?

Have you ever been convicted of a crime?

Yes             No

If yes, please specify.

How long have you lived in Colorado?

More than 3 years             Less than 3 years

Education completed:

|  | 1 Year | 2 Years | 3 Years | 4 Years |
| --- | --- | --- | --- | --- |
| Highschool |  |  |  |  |
| College |  |  |  |  |

Employment History:

| Employer | Dates of Employment | Address and Phone Number | Reason for Leaving |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.

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

I understand that the facility must perform a Colorado Adult Protective Services check as part of the application process.

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

I acknowledge that by signing and submitting this application electronically, it is considered signed, the same as if it were a handwritten signature.

_____     _____
Signature                                               Date