



**WORK HISTORY**May we contact your present employer?      Yes      No**Most Recent Employer:****Address:****Telephone:****Date Started:****Starting Salary:****Starting Position:****Date Left:****Salary on Leaving:****Position on Leaving:****Name & Title of Supervisor:****Description of Duties:****Reason for Leaving:****Previous Employer:****Address:****Telephone:****Date Started:****Starting Salary:****Starting Position:****Date Left:****Salary on Leaving:****Position on Leaving:****Name & Title of Supervisor:****Description of Duties:****Reason for Leaving:****Previous Employer:****Address:****Telephone:****Date Started:****Starting Salary:****Starting Position:****Date Left:****Salary on Leaving:****Position on Leaving:****Name & Title of Supervisor:****Description of Duties:****Reason for Leaving:****APPLICANT'S CERTIFICATION & AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application. I will authorize a criminal background check, child abuse registry check, driving record check, health/physical screen, and I will submit to a drug test prior to any employment. Employment may be contingent upon passing each of these checks.

I understand that employment at this Company is "at will", which means that either I or the Company can terminate the employment at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

**Date:** \_\_\_\_\_**Applicant's Signature:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Do you anticipate any reasons for absences or other commitments that would make it difficult to work a scheduled shift? Yes \_\_\_\_\_ No \_\_\_\_\_

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

During the past 7 years, have you ever been convicted of any law violation excluding minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever at any time in the past quit, been fired or walked off a job?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

How many days of work have you missed in the last month? \_\_\_\_\_

In the last six months? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Thank for taking the time to fill out this application.  
Please mail, fax or deliver to Home Care of the Grand Valley.

1131 N. 21<sup>st</sup> St., Grand Junction, Colorado 81501