

# BENT COUNTY HEALTHCARE CENTER AND AFFILIATES APPLICATION FOR EMPLOYMENT

*We are a drug free workplace; drug screening is part of our pre-employment process.*

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age over 40, pregnancy, genetic information, disability, or any other applicable status protected by state or local law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

How did you hear about us? Newspaper  Word of Mouth  Radio  Web Site  Other

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Telephone Number

\_\_\_\_\_  
Present Street Address                      City                      State                      Zip Code

Are you 18 years of age or older? . . . . . Yes  No   
(If you are hired, you may be required to submit proof of age.)

Social Security # \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation?

Include any plea of ~~guilty~~+or ~~no~~ contest.+ (Exclude minor traffic violations.) . . . . . Yes  No

If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? . . . . . Yes  No

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age over 40, disability, pregnancy, genetic information or other applicable status protected by state or local law..) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

<b>LIST NAME AND ADDRESS OF SCHOOLS</b>	Numbers of Years Completed	Diploma/Degree/Certificate	Subjects Studied
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High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List name of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	Reason For Leaving

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Have you worked or attended school under any other names? . . . . . Yes  No   
 If yes, give names: \_\_\_\_\_  
 Are you presently employed? . . . . . Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_  
 Have you ever been fired from a job or asked to resign? . . . . . Yes  No   
 If yes, please explain: \_\_\_\_\_  
 Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information proved in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such person and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Bent County HealthCare Center  
Prairie View Village Assisted Living  
Kountry Kids Learning Center  
Bent County HealthCare Rehabilitation Center

810 Third Street  
Las Animas, CO 81054  
719-456-1340  
719-456-3131 FAX

**Confidential Reference Request**

*This form must be signed at time of application.*

**Applicant: Please complete the top section only.**

Concerning (name) \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize the facility named above to release all information requested on this confidential reference request.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending. Thank you.

Employer name \_\_\_\_\_ Title \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Position/Title \_\_\_\_\_ Duties/responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Would you rehire? Yes  No  If not, why? \_\_\_\_\_

Quality of work: \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor

Quantity of work: \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor

Attendance: \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor

Cooperation: \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor

Initiative: \_\_\_\_\_ Good \_\_\_\_\_ Adequate \_\_\_\_\_ Poor

Other comments (your remarks are the most important part of this questionnaire): \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_