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**Baca County Personal Care Agency**

**Application for Employment**

*An Equal Opportunity Employer*

772 Colorado Street, Suite 1 – Springfield, CO 81073

Phone: 719-523-4131, Fax: 719-523-4820

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

**PERSONAL INFORMATION**

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

First Middle Last

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

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

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you 18 Years or Older? ❒Yes ❒No

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date You Can Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? ❒Yes ❒No May we contact your present employer? ❒Yes ❒No

Have you applied to this agency before? ❒Yes ❒No If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? ❒Yes ❒No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Continued employment will be contingent on a background check with the Colorado Bureau of Investigations.\*

Number of hours per week you wish to work: \_\_\_\_\_\_\_\_ *Baca County PCA employs only part-time positions.*

Are you applying to work for a specific person? ❒Yes ❒No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to consider other assignments? ❒Yes ❒No

Please list the towns in which you are willing to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have any physical limitations that prevent you from performing any work for which you are being considered? ❒Yes ❒No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education Level** | **Name and Location of School** | **Number of Years Attended** | **Did you Graduate** | **Subject(s) Studied** |
| High School |  |  | ❒Yes ❒No |  |
| Trade or Business School |  |  | ❒Yes ❒No |  |
| College |  |  | ❒Yes ❒No |  |

**EMPLOYMENT HISTORY**

(starting with most recent)

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Phone Number: |
| Dates employed: | Position: | Salary: |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Phone Number: |
| Dates employed: | Position: | Salary: |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Phone Number: |
| Dates employed: | Position: | Salary: |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Phone Number: |
| Dates employed: | Position: | Salary: |
| Reason for Leaving: | | |

**REFERENCES**

Give the names of three persons, not related to you, whom you have known at least one year.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Occupation: | | Phone Number: |
| Address: | | Years Acquainted: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Occupation: | | Phone Number: |
| Address: | | Years Acquainted: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Occupation: | | Phone Number: |
| Address: | | Years Acquainted: | |

In case of emergency notify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing that information to you.*

*I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.*

*I understand and agree that, if hired, I will:*

* *Conform to rules regarding confidentiality of information*
* *Maintain documentation of service delivery*

*I understand that my employment will be terminated if any background check reveals I have been convicted of any of following (but not limited to):*

* *Child abuse*
* *A crime of violence*
* *Any felony offense involving unlawful sexual behavior*
* *Any felony found by the court to include an act of domestic violence*
* *Any felony involving physical assault, battery or a drug-related offense within five years preceding the date of the fingerprint-based criminal history check*
* *Any offense in any other state, the elements of which are substantially similar to those mentioned above*
* *A pattern of misdemeanor convictions occurring within ten years preceding submission of the application*
* *Being determined as insane or mentally incompetent by a court of competent jurisdiction*

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

Signature Date