



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			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> 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