

THE MYRON STRATTON HOME
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status or disability.

Applications are kept on file for one year

[Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. In reading and answering the following questions, none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.]

Job applied for _____ Date _____

Seeking Fulltime _____ Parttime _____ Temporary _____

Referral Source: Ad Web Site Agency Friend/Relative
Other

When could you start to work? _____

PERSONAL DATA

Last Name First Name Middle Telephone

Present Street Address City State Zip

Are you 18 years of age or older? _____

If hired, can you furnish proof you are eligible to work in the US? _____

Were you ever employed at the MSH? _____ If yes, when? _____
Have you ever applied at the MSH? _____ If yes, when? _____

Have you ever been convicted of any law violation (except minor traffic)? _____ If yes, give details. _____

Are you now or do you expect to be engaged in any other business or employment? _____

For Driving Jobs Only: Do you have a valid driver's license? _____

Driver's License # _____

Class _____

State _____

Have you had your license suspended or revoked in the last 3 years? _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed give firm name and supply business references. GIVE MONTH & YEAR.

Name of Employer	Last Supervisor	Employed
Address _____		from _____
City, State, Zip _____		to _____
Telephone _____		Pay _____
Reason for leaving _____		Start \$ _____
Title _____ Duties _____		Final \$ _____

Name of Employer	Last Supervisor	Employed
Address _____		from _____
City, State, Zip _____		to _____
Telephone _____		Pay _____
Reason for leaving _____		Start \$ _____
Title _____ Duties _____		Final \$ _____

Name of Employer	Last Supervisor	Employed
Address _____		from _____
City, State, Zip _____		to _____
Telephone _____		Pay _____
Reason for leaving _____		Start \$ _____
Title _____ Duties _____		Final \$ _____

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable the MSH to check your work record? _____ If yes, Give name(s) _____

Are you presently employed? _____ If yes, may the MSH contact your present employer? _____

Have you ever been fired from a job or asked to resign? _____

REFERENCES

(NOT RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

HIGH SCHOOL OR GED	Highest Grade Completed	Diploma/Degree/Cert.
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Name Address/City/State/Zip

TECHNICAL/VOCATIONAL

Name Address/City/State/Zip

SUBJECT STUDIED

COLLEGE/UNIVERSITY

Name Address/City/State/Zip

SUBJECT STUDIED

What skills or additional training do you have that are related to the job for which you are applying? What machines or equipment can you operate that are related to the job for which you are applying?

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, omissions made by me on this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or person from any liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void and if employed would be cause for termination. I understand there is no express or implied contract of employment and if employed I have been hired at the will of the employer and my employment may be terminated at will at any time; and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally I understand that all company property must be returned and any indebtedness must be paid before my termination. I authorize the company to deduct all monies due and owing the company from my last paycheck.

Signature

Date

THE MYRON STRATTON HOME

In compliance with Colorado State regulations, persons applying for a position at The Myron Stratton Home will upon hire agree to submit to a Name Search from the Colorado Bureau of Investigation as a criminal background investigation. This applies to all positions.

I also understand that my employment with The Myron Stratton Home is contingent upon the fact that I have never been convicted of or have never had a deferred judgment agreement for any of the below listed crimes. Further, I certify that I have never been convicted of any of the following crimes:

1. Any crime pertaining to elder abuse.
2. Any felony for which the individual has not yet completed the sentence.

Further, the Home shall terminate an employee who has been convicted or has entered into a deferred judgment agreement within the ten years prior to employment for the following:

1. Any felony related to the sale of a controlled substance.
2. Any conviction or deferred judgment agreement for any crime which adversely reflects upon the character and suitability of the Home or indicates that the individual may pose a threat to the health, welfare and safety of the residents.

Applicant's Signature

Date

Please fax your entire completed employment application to (719) 579-0447