

**THE MYRON STRATTON HOME**  
**An Equal Opportunity Employer**

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

**The Myron Stratton Home is a Drug-free workplace. Upon extension of an offer of employment, a pre-employment drug screening is required.**

<b>APPLICATION FOR EMPLOYMENT</b> Applications are kept on file for one year
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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.

If hired, you will be required to provide proof of your eligibility to work in the United States.

Job applied for \_\_\_\_\_ Date \_\_\_\_\_

Seeking (circle one)      Fulltime      Part-time      Temporary

Referral Source (circle one)    Ad    Web-site      Agency      Friend/Relative  
Other \_\_\_\_\_

When could you start to work? \_\_\_\_\_

<b>PERSONAL DATA</b>
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Last Name	First Name	Middle	Telephone
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Present Street Address	City	State	Zip
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Are you 18 years of age or older?(circle one) Yes No

If you are applying for a job as a Driver: You must be 25 years of age or older to be covered by our commercial Auto Insurance Provider.

Do you have a valid driver's license? (circle one) Yes No

Driver's License # \_\_\_\_\_

Class \_\_\_\_\_

State \_\_\_\_\_

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

How long have you lived in Colorado? \_\_\_\_\_ yrs. \_\_\_\_\_ months.

Please list each County & State (outside of Colorado) in which you have worked in the last four years:

Were you ever employed at the MSH? Yes No If yes, when? \_\_\_\_\_

Have you ever applied at the MSH? Yes No If yes, when? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? Yes No

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

\_\_\_\_\_

### 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 \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ to \_\_\_\_\_  
Telephone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Title \_\_\_\_\_ Duties \_\_\_\_\_  
May we contact this employer for a professional reference? (circle one) Yes No

Name of Employer \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ to \_\_\_\_\_  
Telephone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Title \_\_\_\_\_ Duties \_\_\_\_\_  
May we contact this employer for a professional reference? (circle one) Yes No

Name of Employer \_\_\_\_\_ Last Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ to \_\_\_\_\_  
Telephone \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Title \_\_\_\_\_ Duties \_\_\_\_\_  
May we contact this employer for a professional reference? (circle one) Yes No

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? Yes No

If yes, Give Name(s) \_\_\_\_\_

Are you presently employed? (circle one) Yes No

If yes, may the MSH contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

**REFERENCES**

(NOT RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	PHONE	OCCUPATION
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**EDUCATION**

	Highest Grade Completed _____	Diploma/Degree/ Certification	Yes	No
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HIGH SCHOOL OR GED  
Name & Address \_\_\_\_\_

TECHNICAL/VOCATIONAL  
Name & Address \_\_\_\_\_

Subject Studied \_\_\_\_\_

COLLEGE/UNIVERSITY  
Name & Address \_\_\_\_\_

Subject Studies \_\_\_\_\_

Please list any skills or additional training 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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE MYRON STRATTON HOME  
Employment Application Disclosure**

**BACKGROUND CHECK:** In compliance with Colorado State regulations, upon extension of an offer of employment, this applicant agrees to submit to a background check (at the Home's expense) from the Colorado Bureau of Investigation and from one's previous County/State(s) of residence/employment **if your residency in Colorado is less than 3 years** from the date of application, as a criminal background investigation. This applies to all positions. Refusal may result a rescission of the offer of employment.

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:

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

Further, I 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:

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.

**PRE-EMPLOYMENT DRUG SCREENING:** Upon extension of an offer of employment, this applicant agrees to submit to pre-employment drug screening (at the Home's expense). Refusal may result a rescission of the offer of employment.

**ADULT PROTECTIVE SERVICES CHECK:** Upon extension of an offer of employment, an applicant who is being hired to provide direct-care (nursing staff and nursing aides), agrees to submit to a Colorado Adult Protective Services data system (CAPS) check (at the Home's expense). Refusal may result a rescission of the offer of employment.

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