

THE MYRON STRATTON HOME
An Equal Opportunity Employer

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.

APPLICATION FOR EMPLOYMENT
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.

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? _____

PERSONAL DATA

Last Name First Name Middle Telephone

Present Street Address City State Zip

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? _____

Have you lived in Colorado more than 7 years? _____yes _____no

Please list each County & State (outside of Colorado) in which you have worked in the last five 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	
_____	_____	Employed from _____
Address _____		to _____
City, State, Zip _____		
Telephone _____		
Reason for leaving _____		
Title _____ Duties _____		
May we contact this employer for a professional reference? (circle one) Yes No		

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

Name of Employer	Last Supervisor	
_____	_____	Employed from _____
Address _____		to _____
City, State, Zip _____		
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

PROFESSIONAL REFERENCES

NAME PHONE OCCUPATION COMPANY NAME

1) _____

2) _____

3) _____

EDUCATION

Highest Grade Completed _____ Diploma/Degree/Certification Yes No

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: _____