

Statewide Healthcare LLC

Compassionate Care

2130 S. Academy Blvd #103

Colorado Springs, CO 80916-2479

P (719)-434-1513 F (719)-434-8215

Employment Application

Date: _____

PERSONAL INFORMATION

Name:
Address:
Phone Number:
Email address:

POSITION

Position Applying For:	Available Start Date:	Desired Pay:
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Desired Employment:

☐ Full-time ☐ Part-time ☐ Seasonal/Temporary

Are there any days, shifts or hours you will not work?*

☐ YES ☐ NO

If yes, explain:

Will you work overtime if required?

☐ YES ☐ NO

***Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

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How did you learn of our Company? _____

Have you ever applied or worked at our Company before?

☐ YES

☐ NO

If yes, provide dates: _____

Are you legally eligible to work in the US?

☐ YES

☐ NO

If selected for employment are you willing to submit to a background check?

☐ YES

☐ NO

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

EDUCATION

Name, City and State of Educational Institution	Graduated		If no Degree, Credits Earned	Major	Minor
	Yes	No			
High School					
College or University					
Secondary College or University					
Technical/GED					

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Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Please list all licenses and/or certifications you currently hold, and the estimated expiration date of each as applicable:

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

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Reason for leaving: _____

Have you ever been discharged or asked to resign from employment? ☐ Yes ☐ No

If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer?

☐ Yes ☐ No

If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? ☐ Yes ☐ No

If yes, what was the range of scores used and what was your score? _____

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Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)?

☐ Yes ☐ No

If yes, please explain:

PROFESSIONAL REFERENCES (Please list three individuals unrelated to you with whom you have worked who know your qualifications for this position.)

NAME	ADDRESS	PHONE	RELATIONSHIP

Statewide Healthcare LLC ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

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APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for drug tests to be conducted.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or the company with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure constitute an employment contract or modification of the at-will employment relationship between me and the company.

APPLICANTS NAME (PRINTED): _____

APPLICANTS SIGNATURE: _____

DATE: _____