

# PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to Their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**PERSONAL:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
LAST FIRST MIDDLE ACPresent Address \_\_\_\_\_  
NO. STREET CITY STATE ZIPSocial Security No. \_\_\_\_\_ Are you over 18? Yes  No Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes  No Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes  No 

If yes, state the offense, location, date and disposition \_\_\_\_\_

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NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes  No 

If no, please explain

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Would you be willing and able to relocate? Yes  No

Drivers License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? Yes  No 
**EMPLOYMENT DESIRED:**
Are you seeking  full-time  part-time  temporary or summer employment?

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date Available to start \_\_\_\_\_

Have you ever applied to our company before? Yes  No Have you ever worked for our company before? Yes  No 

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

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How did you learn of our company and/or position? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes  No Are there any days or hours you would be unable or unwilling to work? Yes  No 

If yes, please specify those days or hours you would be unable or unwilling to work \_\_\_\_\_



## 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 periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH/YEAR

DO NOT REFERENCE YOUR RESUME

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed From: Mo. ____ To: Mo. ____ Year ____ Year ____	Pay Starting \$ ____ Ending \$ ____
Telephone Area Code (    )	Reason for Leaving		
Title			
Duties			

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed From: Mo. ____ To: Mo. ____ Year ____ Year ____	Pay Starting \$ ____ Ending \$ ____
Telephone Area Code (    )	Reason for Leaving		
Title			
Duties			

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed From: Mo. ____ To: Mo. ____ Year ____ Year ____	Pay Starting \$ ____ Ending \$ ____
Telephone Area Code (    )	Reason for Leaving		
Title			
Duties			

Name of Employer Address City, State, Zip Code	Name and Title of Last Supervisor	Dates Employed From: Mo. ____ To: Mo. ____ Year ____ Year ____	Pay Starting \$ ____ Ending \$ ____
Telephone Area Code (    )	Reason for Leaving		
Title			
Duties			

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any or your previous positions under another name, please give that name(s) \_\_\_\_\_  
Are you presently employed? ..... Yes  No   
If yes, may we contact your present employer? ..... Yes  No   
Have you ever been fired, or asked to resign, from a job? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**SPECIAL SKILLS**

Do you type? ..... Yes  No  Words Per Minute \_\_\_\_\_  
Do you take shorthand? ..... Yes  No  Words Per Minute \_\_\_\_\_  
Have you had any computer or word processing experience or training? ..... Yes  No

If yes, please describe \_\_\_\_\_  
What languages do you speak fluently? \_\_\_\_\_

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree, that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMPANY USE ONLY**

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement? ..... Yes  No   
If yes to above, has a request for driver's record been made? ..... Yes  No

# SKILLS VALIDATION LIST

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NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

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CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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**SKILLS:**

PERSONAL HYGIENE/BATHING

- BED/SPONGE BATH
- TUB (with shower chair only)
- SHOWER
- SHAMPOO
- SHAVE-ELECTRIC ONLY
- MOUTH CARE
- NAIL FILING & CLEANING

BED MAKING

- OCCUPIED BED
- UNOCCUPIED BED

HOME MAKER CHORES

- WASH DISHES
- LAUNDRY
- CLEAN BATHROOM
- CLEAN BEDROOM
- VACUUM/DUST
- MOP/SWEEP
- PROTECTIVE OVERSIGHT

MEALS ( PLAN & COOK)

- BALANCED DIET

ASSIST

- DRESS
- EMPTY COLOSTOMY BAG
- EMPTY CATHETER BAG
- TO & FROM BED OR CHAIR
- TRANSFERS & EXERCISES
- POSITIONING
- WALK
- LOTION APPLICATION
- FEED
- REMEMBER/REMIND MEDS

**PREFERED SCHEDULE:**

<u>DAYS</u>	<u>HOURS</u>
<input type="checkbox"/> MON	_____
<input type="checkbox"/> TUES	_____
<input type="checkbox"/> WED	_____
<input type="checkbox"/> THUR	_____
<input type="checkbox"/> FRI	_____
<input type="checkbox"/> SAT	_____
<input type="checkbox"/> SUN	_____

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**DO YOU HAVE ANY LIMITATIONS OF THE FOLLOWING:**

- |          |                              |                             |  |
|----------|------------------------------|-----------------------------|--|
| LIFTING  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. Can you lift 50 lbs.? <input type="checkbox"/> YES <input type="checkbox"/> NO  |
| MOBILITY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. Do you have adequate transportation to get to our client's home <u>each</u> day you are scheduled? <input type="checkbox"/> YES <input type="checkbox"/> NO         |
| HEARING  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| SIGHT    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. Will you fill out <u>all</u> paperwork required of you (monthly records, timesheets & occasional updates)? <input type="checkbox"/> YES <input type="checkbox"/> NO |

ADDITIONAL COMMENTS: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Argus of Colorado, Inc.

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## Affidavit

I have no criminal record other than minor traffic violations in Colorado or any other state. For the purpose of applying for home care services, I give Argus of Colorado, Inc. authority to verify my statement and to obtain any information pertaining to any police record that may exist.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: (print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_