



Rocky Mountain Health Care Services Employment Application

Equal Opportunity Employer

Rocky Mountain Health Care Services will comply with appropriate federal and state laws and regulations prohibiting discrimination on the grounds of race, color, religion, gender, national origin, age or disability. Rocky Mountain Health Care Services is an Equal Opportunity Employer.



Mission Statement

Rocky Mountain Health Care Services provides a continuum of health care services to the elderly, blind and disabled; the brain injured; and persons living with diabetes and AIDS. We are committed to giving our clients the opportunity to live at their highest level of independence and health, through teaching, brokering, and the provision of needed health care resources.



Vision Statement

Our vision at Rocky Mountain Health Care Services is to be instrumental in the provision of premium health care services. We will innovatively respond to the needs of a growing, evolving community while committing to positive change, constant improvement and community collaboration. Our agency will reflect the highest degree of moral character, quality and competence in what we do.

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ROCKY MOUNTAIN HEALTH CARE SERVICES

2812 E. Bijou, Colorado Springs, CO 80909 (719)457-0660 Fax (719)457-0765

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all 6 pages of this application. Failure to submit a complete application may result in its rejection. Your application will remain active in our files for 90 days.

Date	Phone #	Alt Phone #
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Position Applied For:	Full time (circle one)	Part time	PRN	Temporary	Volunteer
Email Address:					

Your name as it appears on your Social Security Card

Last	First	Middle
Assumed Name: Last	First	Middle

Please use complete names such as first, last and middle. Additional information such as an assumed name and maiden name is necessary in order to check job references or for school verifications.

Your current address

Street	City	State	Zip	How Long?
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Previous address (required if you have been at our present address for less than 7 years)

Street	City	State	Zip	How Long?
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You must be 21 years of age to drive for Rocky Mountain Health Care Services

Driver's License Number	State	Class of License
Have you ever had your license suspended or revoked in the last three years? Explain:		
Do you have more than 3 driving infractions in the last 3 years? Explain:		A copy of your DMV record is a requirement for hire.

Professional Licenses / Certificates (Required for all CNA, LPN, RN, GNP & Pharmacist applicants)

Type	License #	State	Expiration Date
Type	License #	State	Expiration Date

Have you served in the U.S. Military? Yes No Branch _____ Dates _____

Duties _____

Education

Name/City/State of School	# of Years	Did you Graduate?	Degree
High School / GED (circle one)			
Vocational / Tech			
College / University			

List any special skills or qualifications you possess that would benefit this position.

EMPLOYMENT HISTORY: This section must be complete for your application to be considered. *The correct telephone numbers of past employers and references are critical.*

Most recent employer

Company Name / City & State	Start / End Dates	Position held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer:		Position	Phone #

2nd most recent employer

Company Name / City & State	Start / End Dates	Position held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer:		Position	Phone #

3rd most recent employer

Company Name / City & State	Start / End Dates	Position held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer:		Position	Phone #

4th most recent employer

Company Name / City & State	Start / End Dates	Position held	Final Wage/Salary
Duties			
Main Phone #	Reason for Leaving		
Professional reference for this employer:		Position	Phone #

Please list dates and details regarding any periods of unemployment

REFERENCES:

Give two professional references, not relatives or former employers

Name	Address	Phone
Name	Address	Phone

Are you over 18 years of age? Yes No If no, do you have a work permit? Yes No

Are you legally authorized to work in the United States? Yes No

(Rocky Mountain Health Care Services hires only U.S. citizens or lawfully authorized workers. Documents proving legal work status must be provided at time of employment.)

What languages other than English do you read, write or speak? _____

Date available for employment:	Desired hourly/salary requirements:
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How did you hear about us? (check and/or complete)

Employee Referral	Employee's Name: _____		
Newspaper Ad	Which Paper: _____		
Online Ad	Which website: _____		
Van / Car Sign	Walk In	Other:	Explain: _____

Have you ever been convicted of a law violation? (Include any please of "guilty" or "no contest." Exclude minor traffic violations) Yes No (A misdemeanor conviction will not necessarily disqualify an applicant for employment)

If yes give a short explanation of the incident. Please indicate the date, nature and place of the incident leading to the arrest, conviction or report of the incident. Please list all dispositions of the allegations.

Rocky Mountain Health Care Services pays for CBI (Colorado Bureau of Investigations) report on all potential employees. A conviction will not automatically hinder employment opportunities except in the case of an unsupervised position.

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? Yes No

If yes, give a short explanation of the complaint. Please indicate date, nature and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint. Please indicate your employer at the time, including your employer's name, address, and telephone number.

Have you ever been employed by Rocky Mountain Health Care? Yes No When? _____ Dept? _____

Have you applied previously? Yes No Are you over the 18 years of age? Yes No

(If hired, we may request you to provide proof of age)

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you seen or reviewed a job description for the job you are applying? Yes No

Do you understand the job requirements? Yes No

Can you perform the job requirements with reasonable accommodations? Yes No

If reasonable accommodations are needed, describe or demonstrate how you would perform the job including reasonable accommodations? _____

EQUIPMENT:

(Please specify equipment type/software packages that you are familiar with using.)

Computers? PC MAC None Software? _____

Typing Speed _____ WPM FAX Yes No Phone Systems Yes No

Others not listed: _____

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFININTE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND OR WITHOUT NOTICE.

Signature of Applicant _____ **Date** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Rocky Mountain Health Care Services, affiliates, officers, employee, agents, or representatives to conduct a thorough investigation of my background, and in furtherance of this investigation to contact all previous employers, educational institutions and persons named in my application for employment, as well as government agencies, law enforcement agencies, licensing boards, and/or other persons who may have information concerning my background, employment, character and qualifications.

I release Rocky Mountain Health Care Services, its affiliates, officers, employees, agents and representatives, and all persons (whether corporate or natural) contacted in connection with this investigation, from any and all liability for damages of whatever kind, which may at any time result to me, because of any requests for or the provision of any information in connection with the investigation.

I understand that all of the information provided below is true, correct, complete, and without omissions of any kind. I understand and agree that if at any time it is discovered that any information that I provided below, or in my application for employment, is false, misleading, or incomplete, Rocky Mountain Health Care may, in its sole discretion and without liability to Rocky Mountain Health Care Services, immediately terminate my employment.

Name: _____ Date of Birth: _____
Last First MI

Previous Maiden/Nick Names: _____ Social Security Number: _____

Current Address: _____
Address City State Zip

List COUNTIES and STATES outside of CO where you have worked and/or resided in the past seven (7) years:

Applicant's signature: _____ Date: _____

HUMAN RESOURCE USE ONLY

Please check services to be performed:

- Criminal History
- Driving History
- Reference Check
- Education Verification
- Social Security Verification
- Residence Address Verification
- Previous Employment Verification

Applicant Profile / Employment Screen Office: (719)314-2327 Fax: (719)457-0765

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION

It is the policy of Rocky Mountain Health Care Services to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability, Various agencies of the government require employers to invite applicants to identify themselves and indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FORM YOUR APPLICATION FORM.

PLEASE PRINT

NAME: _____ DATE: _____
Last First Middle

Position Applied For (list one): _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/ Alaskan Native
- Black
- Asian/ Pacific Islander

What is your sex?

- Female
- Male

OFFICE USE ONLY

Please indicate the services performed on this applicant.

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security Number Trace | <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Drivers History |
| <input type="checkbox"/> Statewide Arrest Record** | <input type="checkbox"/> Education Verification | <input type="checkbox"/> Credit Report |
| <input type="checkbox"/> County Level Court Record | <input type="checkbox"/> Reference Check | <input type="checkbox"/> OIG/GSA Exclusion |
| <input type="checkbox"/> Sex Offender Registry | <input type="checkbox"/> Professional License Verification | <input type="checkbox"/> Workers' Comp. Claims** |

**Indicates a separate release form may be required. Call your account representative for details.