

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?		
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?		
REASON FOR LEAVING					
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND					
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER					

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE/ UNIVERSITIES				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

CERTIFICATION

ARE YOU CERTIFIED IN COLORADO? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NO.
WHERE DID YOU RECEIVE YOUR CNA TRAINING?	
LIST DISABILITIES WITH WHICH YOU HAVE WORKED	
DESCRIBE TYPES OF CARE YOU HAVE PROVIDED	
WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING	

FORMER EMPLOYERS

LIST BELOW THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE ()
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE ()
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINIAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE ()
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1				
2				
3				

WHAT WILL BE YOUR MODE OF TRANSPORTATION?	
DO YOU HAVE A COLORADO DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THE AUTOMOBILE YOU WILL USE FOR THE JOB INSURED? PROOF OF INSURANCE WILL BE REQUIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU INTERESTED IN WORKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKENDS	
HAVE YOU HAD PREVIOUS EXPERIENCE IN THE HEALTH CARE FIELD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT IS CONFIDENTIALITY AND WHY IS IT IMPORTANT?	
WHY IS COMMUNICATION IMPORTANT IN THIS JOB?	
LIST SEVERAL WAYS YOU CAN PROTECT YOUR BODY/BACK WHEN LIFTING OR TRANSFERRING SOMEONE:	
LIST THE FOUR BASIC FOOD GROUPS	
1	2
3	4
HOW DO YOU FEEL ABOUT HOUSE CLEANING	

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES EXPLAIN, (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

EMPLOYEE REFERENCE CHECK

TO

COMPANY
ADDRESS
ATTENTION
TITLE
PHONE

FROM

COMPANY
ADDRESS
NAME
TITLE
PHONE

TO BE FILLED OUT BY APPLICANT

I have made application for employment with the above listed employer. I hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, character, habits and ability. I do hereby release the addressed entity and all individual concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

Name While in Your Employment _____

Social Security Number _____

Dates of Employment _____ to _____

Position _____ Supervisor _____

Signature _____

TO BE FILLED OUT BY PREVIOUS EMPLOYER

Was the applicant employed by your company? Yes No

Is all the information stated above correct? Yes No

If no, what is incorrect? _____

What were the applicant's responsibilities? _____

Please rate the applicant's performance in the following areas.

	Excellent	AVERAGE	Fair	COMMENTS
Attendance				
Cooperation				
Job Knowledge				
Initiative				
Productivity				
Reliability				
Quality of Work				

Would you rehire the applicant? Yes No Why? _____

What was the reason for job separation? _____

Additional comments _____

Completed by: _____ Date _____

Company _____

Background Information Services, Inc.

Permission for Release of Colorado Motor Vehicle Records
COLORADO MVR RELEASE, ONLY.

Record information available at Driver License offices and 1881 Pierce St.
All other requests available only at 1881 Pierce St., Lakewood, CO.

I hereby authorize the release of records maintained by the Colorado Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (42-72-204, 42-1-206, 42-3-125 CRS).

****Fill out this section****

Printed Name _____

Signature _____ Date _____

Date of Birth _____ License Number _____

Purpose for which records are released _____

****Leave this section blank****

Requestor's Name _____

Company _____

Address _____

City _____ State _____ Zip code _____

Signature of Requestor _____ Date _____

COLORADO MVR RELEASE, ONLY.

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY		DATE
COMMENTS		
LICENSE CONFIRMATION		DATE
REFERENCE CHECKED	HOW MANY	TYPE <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FAX
T B IN (DATE)		

JOB EXPERIENCE

<input type="checkbox"/> Applicant has excellent experience and background <input type="checkbox"/> Strong experience and background <input type="checkbox"/> Acceptable experience and background <input type="checkbox"/> Background somewhat pertinent <input type="checkbox"/> Background not pertinent	COMMENTS <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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JOB KNOWLEDGE

<input type="checkbox"/> Extremely knowledgeable; able to handle job without training <input type="checkbox"/> Very efficient; little training needed <input type="checkbox"/> Basic; but able to learn on the job <input type="checkbox"/> Extensive training required <input type="checkbox"/> Not related to this position	COMMENTS <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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APPEARANCE

<input type="checkbox"/> Neat and very well groomed <input type="checkbox"/> Above average personal appearance <input type="checkbox"/> Average personal appearance <input type="checkbox"/> Neglected personal appearance <input type="checkbox"/> Very untidy	COMMENTS <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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OVERALL

<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Satisfactory <input type="checkbox"/> Unsatisfactory	COMMENTS <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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HIRED (DATE) FOR DEPT	FOR POSITION
SALARY WAGES	WILL ORIENT
APPROVED PERSONNEL DIRECTOR	DATE