

Dominican Home Health Agency, Inc.  
2501 Gaylord Street Denver, Colorado 80205  
303-322-1413

**Employment Application**

Please Print

Position Applied For \_\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Number \_\_\_\_\_  
City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cellular/Other # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Driver License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Full Time? Yes  No  Part Time? Yes  No  Salary Desired \_\_\_\_\_

If Part Time, what are your preferred working days and hours? \_\_\_\_\_

Are there any hours or days when you are not available? \_\_\_\_\_

	Yes	No
Are you at least 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to a reliable car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an active driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Auto Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Will you work in a home with a pet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain \_\_\_\_\_

Do you speak any languages other than English? Yes  No

If yes, please list \_\_\_\_\_

How did you learn about the Agency? \_\_\_\_\_

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**Emergency Contact**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Education****HIGH SCHOOL** \_\_\_\_\_ Location \_\_\_\_\_Course of Study \_\_\_\_\_ Did you Graduate? Yes  No **College** \_\_\_\_\_ Location \_\_\_\_\_Course of Study \_\_\_\_\_ Did you Graduate? Yes  No **Graduate School** \_\_\_\_\_ Location \_\_\_\_\_Course of Study \_\_\_\_\_ Did you Graduate? Yes  No **Other** \_\_\_\_\_ Location \_\_\_\_\_Course of Study \_\_\_\_\_ Did you Graduate? Yes  No **Previous Employment**

Please list your last three employers.

**Employer** \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_/\_\_\_\_ to (mm/yy) \_\_\_\_/\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**Employer** \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_ / \_\_\_\_ to (mm/yy) \_\_\_\_ / \_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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### References

Please do not list family or friends

Name	Relationship	Phone	Number of years known

### Application Statement

I certify that answers given above are true and complete to the best of my knowledge. I understand that false information in my application or interview may lead to termination. I authorize investigation of all references and statements as may be necessary to reach an employment decision. I understand that employment is conditional upon successful completion of a health assessment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date