

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? _____

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 _____

Employer _____

Contact Name _____ Email _____

Address _____ Phone (____) _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) ____ / ____ to (mm/yy) ____ / ____ Salary _____

Reason for Leaving _____

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