



Application for Employment

Argus of Colorado-Denver

P 303-322-4100

F 303-322-5984

Email: Kristy@argusofcolo.com

Argus Home Care-Pueblo/Canon City

P 719-543-2634

F 7195462172

Email: Sharonvasquez@argushomecare.com

Ark-Valley Home Care

P 719-383-0450

F 719-383-0454

Email: Stacy@arkvalleyhomecare.com

**Please submit to Human Resources for
processing and distribution.**

Last Name

First Name

MI

Position

Date

Application for Employment

Personal Data

Date ___/___/___ Position(s) applied for _____

Name _____

Last
First
Middle Initial

Other Names Used _____

Address _____

Street
City
State
Zip

Home Phone _____ Mobile/Beeper/Other Phone _____

Email _____ Are you 18 years of age or older? Yes No

Upon employment, are you able to submit verification of your legal right to work in the United States? Yes No

Have you or a relative ever been employed by Argus Home Health Care or any of its affiliates? Yes No

If Yes, Location _____ From ___/___/___ To ___/___/___

Are you able to perform the essential functions of the job as described with or without accommodation? Yes No

Referral Source

Please check the appropriate category and name the source

Advertisement Staffing Agency Employee _____

Company Website Walk-in Other _____

Availability

Date available for work ___/___/___ Desired salary \$ _____ per _____

Preferred work hours / shift (Check all that apply)

Full-Time
 Part-Time
 Pool
 Temp.
 Days
 Evenings
 Nights
 Weekends

Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes No

All personnel are employed with the understanding that they have a means of transportation to get to work on time each day and when called in on short notice and will work the schedule assigned to meet the needs of the facility.

Security

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

*A conviction is not an automatic bar to employment. The nature of the conviction and its relationship to the positions applied for, the degree of rehabilitation that has occurred and the time elapse since the crime or release from confinement will all be considered.

If yes, please describe in the boxes below.

Incident	City/State	Charge

Employment History*

Please complete the following beginning with your most recent position and going back for 10 years including any military service. Make copies if necessary.

Most Recent Employer Name	Telephone #	Month	Year	Month	Year
		Dates Employed / to /			
Street Address		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
City		State		Zip	
		Compensation (Final)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
Job Title		Supervisor Name and Title			
Briefly describe your duties		Telephone #			
Reason for leaving		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Telephone #	Month	Year	Month	Year
		Dates Employed / to /			
Street Address		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
City		State		Zip	
		Compensation (Final)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
Job Title		Supervisor Name and Title			
Briefly describe your duties		Telephone #			
Reason for leaving		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Telephone #	Month	Year	Month	Year
		Dates Employed / to /			
Street Address		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
City		State		Zip	
		Compensation (Final)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
Job Title		Supervisor Name and Title			
Briefly describe your duties		Telephone #			
Reason for leaving		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name	Telephone #	Month	Year	Month	Year
		Dates Employed / to /			
Street Address		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
City		State		Zip	
		Compensation (Final)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per			
Job Title		Supervisor Name and Title			
Briefly describe your duties		Telephone #			
Reason for leaving		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

* A resume may be attached; however, all information requested on the application and not contained in the resume must be completed in order to be considered for any position with the company. Omissions will automatically invalidate the application and terminate the employment process.

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain

Comments regarding breaks in employment

Skills / Training

List special skills you possess or specific training received that are applicable to the position(s) being applied for

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No

If yes, please explain

Have you ever had a professional license or registration revoked in any state? Yes No

If yes, please explain

Educational Background

Name of School	Location City / State	Did you graduate?	Number of years completed	Course of Study (Major)	Completed
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
College		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____
Business / Trade / Tech		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
- Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Argus Home Health Care and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Argus Home Health Care unless made in writing.
- **If I am offered employment by Argus Home Health Care, my employment will be for no definite term and that either I or Argus Home Health Care will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Argus Home Health Care.**
- Argus Home Health Care will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to Argus Home Health Care that may be required to make an employment decision.
- If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
- If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States.
- Any employee handbook or other personnel policies maintained by Argus Home Health Care do not constitute an employment contract, but are merely gratuitous statements of Argus Home Health Care's current policies.

Applicant signature

Date

This application will remain active for a period of 90 days.

It is the policy of Argus Home Health Care to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status as required by federal or state law.

Employment References

Candidate Name _____
Last First Middle Initial

Please list three references not listed previously on this application.

Company Name & Contact	
Street Address	
City	State Zip
Telephone Number () - Ext.	Relationship to you

Company Name & Contact	
Street Address	
City	State Zip
Telephone Number () - Ext.	Relationship to you

Company Name & Contact	
Street Address	
City	State Zip
Telephone Number () - Ext.	Relationship to you