FOWLER HEALTH CARE
221 2nd St., Fowler CO 81039
Ph: 719 263-4234 Fax: 719 263-5604

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
LAST FIRST MIDDLE MAIDEN

Present Address: _____
Number Street City State zip

SS#: _____-_____-_____ Telephone: _____

Position of Interest: _____ Wage/Salary desired: _____

_____ Full Time _____ Part Time Able to work: Days ____ Evenings ____ Nights ____
Weekend ____ Overtime ____

Date able to start working: _____

EDUCATION BACKGROUND

	Name of School	Location/Zip Code	Date	Major & Degree
HIGH SCHOOL				
TRADE SCHOOL				
COLLEGE/UNIVERSITY				

WORK EXPERIENCE

Start with most recent employment

Employer Name: _____ Supervisor: _____
Address: _____ Employment Dates: From:_____ To_____
Hourly Wage/Salary: _____
Phone #: _____ Title: _____
List the jobs you held, duties performed, skills you used or learned, advancements or promotions while you worked at the company:

Reason for leaving - be specific:

May we contact employer: _____ Yes _____ No

Continued

Employer Name: _____ Supervisor: _____
Address: _____ Employment Dates: From:_____ To_____
Hourly Wage/Salary: _____
Phone #: _____ Title: _____
List the jobs you held, duties performed, skills you used or learned, advancements or promotions while you worked at the company:

Reason for leaving - be specific:

May we contact employer: _____ Yes _____ No

Employer Name: _____ Supervisor: _____
Address: _____ Employment Dates: From:_____ To_____
Hourly Wage/Salary: _____
Phone #: _____ Title: _____
List the jobs you held, duties performed, skills you used or learned, advancements or promotions while you worked at the company:

Reason for leaving - be specific:

May we contact employer: _____ Yes _____ No

REFERENCES List three (3) references (not co-workers or relatives)

Name: _____
Position _____
Company _____
Address: _____
Phone#: _____
Supers Name _____

Date called: _____
Person talked with: _____
Employment Dates: _____
Comments _____
Eligible for Rehire _____ Yes _____ No

Office Use Only
Completed by: _____

Name: _____
Position _____
Company _____
Address: _____
Phone#: _____
Supers Name _____

Date called: _____
Person talked with: _____
Employment Dates: _____
Comments _____
Eligible for Rehire _____ Yes _____ No

Office Use Only
Completed by: _____

Name: _____
Position _____
Company _____
Address: _____
Phone#: _____
Supers Name _____

Date called: _____
Person talked with: _____
Employment Dates: _____
Comments _____
Eligible for Rehire _____ Yes _____ No

CRIMINAL BACKGROUND

Have you ever been convicted of a felony? _____ Yes _____ No
If Yes please explain: _____

IDENTIFICATION VERIFICATION

You will need to bring to your interview:
- Drivers License
- Social Security Card
- Photo ID (if Drivers License not available)

Nursing Department Applicants will also need:
- Professional License
- C.N.A. Class Certificate (if not licensed)
- C.P.R Certification Card

MILITARY SERVICE

Have you ever served in the Armed Forces?_____ Are you a member of the National Guard?_____

BACKGROUND CHECK INFORMATION

Transparent Information Services (TIS) is authorized to do a background check on me in the course of consideration for possible employment. I voluntarily and knowingly authorize any law enforcement agency, state, county or federal agency, present employer, past employer or supervisor, administrator, finance/office, credit bureau, collection agency, college, university or other institution of learning or certification, private business, military branch or the National Personal Records Center, personal references, and/or persons to release records or information they may have concerning my worker compensation claim history, or any other information requested. I voluntarily and knowingly unconditionally release any named or unnamed information from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. My signature at the bottom of this page authorizes Fowler Health Care to release this information to Transparent Information Services. (TIS is only an information provider and does not make hiring decisions)

Applicants Signature: _____ Birth Date: _____ Date: _____

STATEMENT OF UNDERSTANDING

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Fowler Health Care creates and actual of implied contract of employment.

I understand that, if I accept employment with Fowler Health Care, it will be on an at-will basis. This means that either Fowler Health Care or I have the right to terminate the employment relationship at any time and for any reason, with or without cause.

I understand that Fowler Health Care is a drug free work environment. This means my pre-employment drug test must be negative. I release Fowler Health Care, and it's employees from any and all liability arising out of or related in any way to such testing. I understand that I will be required to **pay a $20 fee** for pre-employment drug screening. This fee will be refunded if my test is negative,

I authorize Fowler Health Care to investigate information concerning my education, employment experiences and other aspects of my background relevant to my proposed employment. I release Fowler Health Care and its employees from all liability arising from such investigation.

Applicant Signature:_____ Date:_____

Fowler Health Care is an equal opportunity employer. We adhere to a plolicy of making employment decisions witout regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability