

Application for Employment

Name: _____

Preferred Name: _____

Email: _____

Phone number: _____

Position(s) you are applying for:

☐ Caregiver/QMAP

Have you completed, and passed, your QMAP training for the state of Colorado?

☐ Yes ☐ No

Are you available full time, part time, or as needed?

☐ Full-time ☐ Part-time ☐ As needed

Availability - Please select one or more boxes for each day:

	Any	Morning/Early Afternoon	Afternoon/ Evening	Overnight	None
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When are you available to begin employment? _____

Were you previously employed by Peak Gardens Assisted Living?

☐ Yes ☐ No

If yes, when, and why did you leave?

Have you ever been convicted of a crime?

☐ Yes ☐ No

If yes, please specify.

How long have you lived in Colorado?

☐ More than 3 years ☐ Less than 3 years

Education completed:

	1 Year	2 Years	3 Years	4 Years
Highschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment History:

Employer	Dates of Employment	Address and Phone Number	Reason for Leaving

Do you have any physical and/or mental conditions or disabilities which may limit your ability to perform the job description(s) for the position(s) you are applying for?

☐ Yes ☐ No

If yes, list the specific conditions/disabilities and specify how they would limit your ability to perform the job.

I understand that the facility must check my “criminal history” and my past employment record during the application process.

I understand that the facility must perform a Colorado Adult Protective Services check as part of the application process.

I understand that it will be necessary for me to complete a health questionnaire and/or to have a physical examination as required by state regulations prior to employment with this facility.

I understand that all personnel must have screening for tuberculosis as a condition of employment in this residential care setting as required by state regulations.

I also understand that if employed, false statements, on this application form may be considered cause for dismissal.

I acknowledge that by signing and submitting this application electronically, it is considered signed, the same as if it were a handwritten signature.

Signature

Date

Please email this application to hr@peakgardens.com.
If you wish to include a resume, please attach it in the same email. Thank you!