



SHALOM PARK

Shalom Park

APPLICATION FOR ANNOUNCED VACANCY

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Position(s) applied for: _____		Date of application: _____	
NAME:			
Last	First	Middle	Suffix
Address:			
Telephone# _____		Mobile# _____	
		SSN: _____	
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Other			
Name of source (if applicable) _____			

Have you submitted an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date(s) and position(s) _____	
Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates From ___/___/___ to ___/___/___	
Are you legally eligible for employment in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to work ___/___/___	What is your desired salary range?\$ _____
Type of employment desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call	
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever pled “guilty” or “no contest” to, or been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide date(s) and details _____	
<small>Answering “yes” to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</small>	

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Note: A job offer may be contingent upon acceptable references from current and former employers.

EMPLOYER		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From:	Mo Yr
Supervisor Name:	Title:	Phone:	To:	Mo Yr
Duties			Hours Per Week	
			Monthly Salary \$	
			Number Professional Employees Supervised:	
			Number Non-Professional Employees Supervised:	

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Supervisor Name:	Title:	Phone:	To:	Mo Yr
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			Number Non-Professional Employees Supervised:	

EDUCATION HISTORY: This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: Yes No	GED: Yes No
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UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)

Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours
Name		Location		Attended From - To (Mo-Yr)
Degree Awarded	Date	Major Field of Study	Minor Field of Study	Total Semester Hours

BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING

Name		Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received Yes No	Date
Name		Location		Attended From - To (Mo-Yr)
Title of Program or Subjects Taken		Total Classroom Hours	Certificate Received Yes No	Date

LICENSES/CERTIFICATION/REGISTRATIONS: If a license/certificate/registration is required for the job for which you are applying complete the following:

Professional/Specialty License Type:	License Number:
Expiration Date:	

LANGUAGE PROFICIENCY: List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)

Language:	Level of Proficiency:
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REFERENCES: List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone
Name	Business/Occupation	Relationship
Address (Street, City, State, Zip Code)		Phone

Applicant Statement

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements..

Signature (unsigned applications may not be considered)

Date



VOE Completed: _____

SHALOM PARK
14800 E. Belleview Drive, Aurora, CO 80015
PH: 303/680-5000 FAX: 303/699-4300

REFERENCE VERIFICATION FORM

Please complete the following form for each past employer

Applicant Name: _____ Position Applied for: _____
 Employer Name: _____ Supervisor Name: _____
 Employer Address: _____
 Phone#: _____ Fax#: _____
 Position Title Held: _____ Dates of Employment: _____
 Reason for Leaving: _____

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/ Placement Office of all educational institutions attended to release an official copy of any transcript and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

Applicant Signature: _____ Date: _____

FOR EMPLOYER USE ONLY _____

Is the above information correct? Yes No If not, please explain: _____

Is applicant eligible for rehire? Yes No If not, please explain: _____

	Exceeded Expectations	Met Expectations	Did Not Meet Expectations
Quality of Work			
Quantity of Work			
Dependability			
Attendance (excluding FMLA)			
Cooperation			
Ability to work with others			
Initiative			
Professional Knowledge / Experience			
Judgment / Decision making			
Supervisory Ability / Leadership			
Promotability			
Organizational / Planning			

Completed by (PRINT): _____ Signature: _____

PLEASE FAX BACK TO HUMAN RESOURCES AT 303/699-4300



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Judgment / Decision making			
Supervisory Ability / Leadership			
Promotability			
Organizational / Planning			

Completed by (PRINT): _____ Signature: _____

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FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE

As an applicant for employment or a current employee of Shalom Park, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Shalom Park may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Shalom Park.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Shalom Park to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at Shalom Park. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

Name

Date

Social Security #

Date of Birth

P.O. Box 539
 Denver, Colorado 80201-0539
 Telephone 303.839.5177
 Toll Free 800.884.1328



**Mountain States
 Employers Council, Inc.**
 Serving Management

VERIFICATION ORDER FORM

Member Name Shalom Park		Member # 4981
Member Mailing Address	14800 E. Belleview Drive Aurora, CO 80015	
Attention Denise Bilyeu		E-mail address Denise.Bilyeu@shalompark.net
Phone 303.400.2274	Fax 303.699.4300	Date sent to MSEC
Upon completion of report please check preference		
		<input checked="" type="checkbox"/> e-mail <input checked="" type="checkbox"/> call <input type="checkbox"/> fax

Complete and Fax to 303 861 5738

Note: Orders received after three p.m. will be treated as next day business.
 COMPLETE THE FOLLOWING INFORMATION AND PRINT LEGIBLY IN BLACK INK.

Last Name _____ First Name _____ Middle Name _____ Maiden/Previous name used _____

Current Address _____ How Long _____

Phone # _____ Position applied for _____

List all former address for the last **five** years, including city, state and zip, and how long you lived in each place.

_____	Dates _____
_____	Dates _____
_____	Dates _____
_____	Dates _____

Date of birth _____ Social Security # _____

List your Nursing Licensure (RN) (LPN) (CAN) (Other) _____ License # _____

Drivers License # _____ State _____ Type _____

Attached with this request: Disclosure & Authorization Application Other:

Grey Areas For Office Use Only

A	<input checked="" type="checkbox"/> Colorado Criminal* <i>Excludes Denver County Misdemeanor</i>
B	<input type="checkbox"/> Denver County Misdemeanor Only
C	<input type="checkbox"/> Other State Criminal - search is done on an individual county basis* _____ List city & state
D	<input type="checkbox"/> Seven Year Federal Criminal* _____ List city & state
E	<input type="checkbox"/> Employment Verification -- 3 job / 5 year
F	<input checked="" type="checkbox"/> Trak Report

G	<input type="checkbox"/> Education Verification
H	<input type="checkbox"/> Employment, In-depth
I	<input type="checkbox"/> Motor Vehicle* State _____ Lic. # _____ State _____ Lic. # _____
J	<input type="checkbox"/> Personal References <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
K	<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA

Incomplete information may result in a report delay.

* Birthdate needed to confirm identity
 ** Minimum order charge \$18