



Employment Application

Jefferson Hills is an Equal Opportunity Employer.

421 Zang Street
Lakewood, CO 80228
Fax: (303) 988-2017

1290 South Potomac Street
Aurora, Co 80012
Fax: (303) 671-2854

Last Name	First Name	Middle Initial		
Street	City	State	Zip	Phone Number
Available/Start Date			Expected Salary/Wages	

● POSITION APPLIED FOR: _____

● TYPE OF WORK SOUGHT - (Please Circle Answers Below)

Week Days Shift:	Days	Evenings	Nights	Rotating	Employment Status:	Part Time	Full Time	Temp/On-Call
Weekend Shift:	Days	Evenings	Nights	Rotating	Hours Per Week:	_____		

● ● Before continuing, due to the nature of the services provided by Jefferson Hills, please read the following and sign your acknowledgement below.

Perjury Statement (7.71.8): Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

The information provided in this document is true, correct and complete. If hired, any misstatement or material omission of fact on this document may result in my dismissal. I understand that my

- Application for employment does not create a any obligation upon the employer to employ me;
- Employment does not create a contractual obligation upon the employer to continue to employ me in the future;
- Employment is dependent upon passing a physical examination, including alcohol and drug screen testing;
- Employment is dependent upon successfully passing a CBI, FBI, Child Registry, and other background verification.

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested. I also authorize release of all information necessary to complete a background investigation on me which may also include any or all of the following: employment history, credit history, driving record, FBI or CBI checks or any other prior, current or future information available. Upon voluntary or involuntary termination of my employment, I authorized Jefferson Hills to provide subsequent potential employers, registered, licensed or licensing agencies information regarding my employment at Jefferson Hills.

During my employment with Jefferson Hills, I agree to be responsible for reading, understanding and abiding by all company policies and procedures. I hereby acknowledge that failure to do so may result in my dismissal. In the event of a disciplinary violation investigation, I agree to readily assist Jefferson Hills and cooperate with polygraph, alcohol/drug testing or any other investigative procedure that may be required.

X _____

Employee/Applicant Signature of Acknowledgment

Date

EDUCATION – PLEASE BE PREPARED TO PROVIDE ORIGINAL COLLEGE TRANSCRIPTS

Name and Location of School	Course of Study	Years Completed	Did You Graduate?	Degree or Diploma
College			Yes _____ No _____	
High School			Yes _____ No _____	
Other			Yes _____ No _____	

PROFESSIONAL LICENSES – PLEASE BE PREPARED TO PROVIDE COPIES OF LICENSES

Type	Number	State	Expiration

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

AFFIDAVIT, CONSENT AND RELEASE; 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.

IMPORTANT: PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION.

Name Typed or Printed		x Signature		
Maiden and/or Former Name(s)		Social Security Number		
Driver's License Number	State	Date of Birth	Sex: M F	
Home Telephone Number		Today's Date		
Current Address	City	State	Zip Code	County
Former Address	City	State	Zip Code	County

JEFFERSON HILLS - TELEPHONE REFERENCE CHECK

TO APPLICANT: Please complete the following so that we may contact your references by phone:
Please Print Legibly.

Applicant's Name: _____ Phone : _____

Position Applied for: _____

Please List at least THREE references (at least two must be in a SUPERVISORY role):

1. Company Name: _____ Phone # _____

Type of Business: _____

Name of Person to contact: _____ Position: _____

Relationship to applicant: Supervisor Coworker Other: _____

2. Company Name: _____ Phone # _____

Type of Business: _____

Name of Person to contact: _____ Position: _____

Relationship to applicant: Supervisor Coworker Other: _____

3. Company Name: _____ Phone # _____

Type of Business: _____

Name of Person to contact: _____ Position: _____

Relationship to applicant: Supervisor Coworker Other: _____

4. Company Name: _____ Phone # _____

Type of Business: _____

Name of Person to contact: _____ Position: _____

Relationship to applicant: Supervisor Coworker Other: _____

References Verified by: _____ Date: _____

(Jefferson Hills Representative)

JEFFERSON HILLS - REFERENCE CHECK VIA FACSIMILE

TO APPLICANT: – Complete only this box with printed name, signature, and date.
Release: As an active applicant, I give my permission for Jefferson Hills to pursue the employment verification necessary to track my previous employment and references.

Printed Name: _____

Signature of Applicant _____ Date _____

(This portion to be completed by Jefferson Hills and Applicant's references)

To: _____ Fax: _____
(Previous Employer Name) (Previous Employer Fax #)

Re: Verification of Employment of the above referenced former Employee

A significant factor in considering an applicant for employment at Jefferson Hills is our ability to verify and document a successful work record. Your assistance is most important.

Please complete the following inquires and return as soon as possible.

All information is confidential to the degree permitted by law.

Please answer the following:

X Name of previous employer representative _____

X Dates of employment: _____

X Job Title & Position held: _____

Employee Performance:	Excellent	Good	Fair
Quality of work	_____	_____	_____
Dependability	_____	_____	_____
Initiative	_____	_____	_____
Interpersonal Skills	_____	_____	_____
Job Knowledge	_____	_____	_____

Eligible for re-hire: Yes _____ No _____

Return fax to: 303-988-2017
or mail to Attn: Recruiting & Retention Manager
Jefferson Hills
421 Zang St.
Lakewood, CO 80228

Thank you for your assistance.

Signed by Jefferson Hills Representative

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____
Last First Middle Date _____

Position applied for (*list only one*) _____

Where did you hear about this job? _____

Racial origin (You may mark one or more of the following):

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American**—A person having origins in any of the black racial groups of Africa.
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Sex: Male Female

I elect not to identify

Signature _____