



APPLICATION FOR EMPLOYMENT

Date:

PERSONAL INFORMATION

Social Security No.

Numero de Seguro Social

Name Nombre

Last Apellido

First Nombre

Middle Medio

Present Address

Direccion Actual

Street Calle

City Ciudad

State Estado

Zip Codigo Postal

Permanent Address

Direccion Permanente

Street Calle

City Ciudad

State Estado

Zip Codigo Postal

Phone No.

Numero De Telefono

Home Casa

Work Trabajo

Cellular Celular

Referred By:

Birthdate *Fecha de Nacimiento* (mm/dd/yy)

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle last year completed.	Did you graduate?	Subjects Studied and Degree(s) Received
Grammar School	1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School	1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Job Related Skills *Habilidades Relacionadas Al Trabajo* (typing, driver's license, etc.)

Have you received any vehicular citations (speeding tickets, DUI, etc.)? If so, what?

(Continued on Other Side)

FORMER EMPLOYERS

List below your last four employers, starting with the last one first

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCESList below three persons *not related* to you, whom you have known *at least one year*

Name	Address	Position	Years Acquainted
1			
2			
3			

If you are to be hired by Vail Valley Cares, you will be required to attest to your identity and employment eligibility, and to present documents confirming you identity and employment eligibility. You can be fired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Vail Valley Cares.

I understand that any employment is conditioned on a background check. I authorize Vail Valley Cares to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release Vail Valley Cares, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Vail Valley Cares. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Vail Valley Cares unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Vail Valley Cares and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Vail Valley Cares the results of the examination, which results shall remain confidential and segregated from my personal file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Vail Valley Cares' drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Vail Valley Cares to hire. If hired, I agree to abide by all of Vail Valley Cares' work rules, policies and procedures. Vail Valley Cares retains the right to revise its policies or procedures, in whole or in part, at any time.

Date**Signature**