

## Golden Time Personal Care, Inc.

7808 E. CHERRY CREEK SOUTH DRIVE STE. #411 DENVER, CO 80231 TEL.: (303)369-6680  
FAX (303)369-6681

### APPLICATION FOR EMPLOYMENT

TODAY'S DATE \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_  
Name                      Last                                      First                                      Middle

\_\_\_\_\_  
Address    Street and Number                      City                                      State                                      Zip

\_\_\_\_\_  
Phone Number                                      Message                                      Social Security Number

	Yes	No
Are you at least 18 yrs old?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to a car?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to public transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Will you work in a home with a pet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

What are your preferred working hours and days?  
\_\_\_\_\_

Are there hours or days when you are not available?  
\_\_\_\_\_

How did you hear about the Agency \_\_\_\_\_

Type of School	Name of School	Complete Address	Major Degree
High School			
College			
Bus/Trade School			
Other			

Do you speak any languages other than English? Please list:  
\_\_\_\_\_

**Skills Inventory: Check the areas in which you have experience or training.**

	Experience	Training		Experience	Training
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
Private Home	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>
Other Setting	<input type="checkbox"/>	<input type="checkbox"/>	Mentally Retarded	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Injury	<input type="checkbox"/>	<input type="checkbox"/>	AIDS	<input type="checkbox"/>	<input type="checkbox"/>
CVA	<input type="checkbox"/>	<input type="checkbox"/>	New Mothers	<input type="checkbox"/>	<input type="checkbox"/>
Hospice/Dying Pts	<input type="checkbox"/>	<input type="checkbox"/>	Other Diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
Transfer/ROM	<input type="checkbox"/>	<input type="checkbox"/>	Bathing	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assist	<input type="checkbox"/>	<input type="checkbox"/>			

Other \_\_\_\_\_

<b>Previous Employment. List your last 3 employers.</b>						
Dates	Name of company	Supervisor	Phone	Position	Salary	Why you left
From	To	Address				
<b>References (Not family or friends)</b>						
Name	Address		Phone		Number of years known	

- I certify that answers given above are true and complete to the best of my knowledge.
- I understand that false information in my application or interview may lead to termination.
- I authorize investigation of all references and statements that may be necessary for reaching an employment decision.
- I understand that employment is conditional upon successful completion of a health assessment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date