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?	☐	☐
Do you have access to a car?	☐	☐
Do you have access to public transportation?	☐	☐
Do you have a driver's license?	☐	☐
Will you work in a home with a pet?	☐	☐
Have you been convicted of a felony?	☐	☐

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	☐	☐	Geriatrics	☐	☐
Nursing Home	☐	☐	Pediatrics	☐	☐
Private Home	☐	☐	Psychiatry	☐	☐
Other Setting	☐	☐	Mentally Retarded	☐	☐
Spinal Cord Injury	☐	☐	AIDS	☐	☐
CVA	☐	☐	New Mothers	☐	☐
Hospice/Dying Pts	☐	☐	Other Diagnoses	☐	☐
Transfer/ROM	☐	☐	Bathing	☐	☐
Medication Assist	☐	☐			

Other _____

Previous Employment. List your last 3 employers.

Dates From To	Name of company Address	Supervisor	Phone	Position	Salary	Why you left

References (Not family or friends)

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