



APPLICATION FOR EMPLOYMENT

The Heart Center of the Rockies is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Personal

Name _____ Date _____
Last First MI

Address _____
Number & Street City State Zip Code

Phone Number _____ Are you over 18 years old? Yes _____ No _____

E-mail _____

Position Sought _____ Full Time _____ Part Time _____

Date Available _____ Salary Desired _____

Are you legally eligible for employment in the United States? Yes _____ No _____
(If offered employment, you will be required to provide documentation to verify eligibility.)

How did you hear about this position? _____

Education

High School: Number of years completed (circle one) 1 2 3 4

Diploma: Yes _____ No _____ G.E.D.: Yes _____ No _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major(s) _____ Degree Earned _____

Other Training or Certification:

School(s) _____ City/State _____

Course(s) _____

Degree or Certificate Earned _____

Additional Skills:

Word Processing Programs _____

Other Software Skills _____

Office Equipment _____

Other _____

2121 E. Harmony Road, Suites 100 & 200
Fort Collins, CO 80528
www.heartcenteroftherockies.com
Phone: (970) 221-1000
Toll Free: (800) 459-4241
Fax: (970) 667-3064

CONTINUED

APPLICATION FOR EMPLOYMENT CONT'D

Professional License or Membership

Type of License(s) Held _____

State License Number _____

License Expiration Date _____

Other Professional Memberships _____

Employment

List last employer first, including U.S. Military Service.

Employer _____ Telephone _____

Position Held _____ Supervisor _____

Dates of Employment _____ to _____
Mo/Yr Mo/Yr

Salary _____ FT _____ PT _____ No. of Hrs. _____

Duties _____

Reason for Leaving _____

Employer _____ Telephone _____

Position Held _____ Supervisor _____

Dates of Employment _____ to _____
Mo/Yr Mo/Yr

Salary _____ FT _____ PT _____ No. of Hrs. _____

Duties _____

Reason for Leaving _____

Employer _____ Telephone _____

Position Held _____ Supervisor _____

Dates of Employment _____ to _____
Mo/Yr Mo/Yr

Salary _____ FT _____ PT _____ No. of Hrs. _____

Duties _____

Reason for Leaving _____

CONTINUED

APPLICATION FOR EMPLOYMENT CONT'D

References

Please list the names, phone numbers and relationships of three persons not related to you who know your qualifications. Please list at least one former supervisor.

Name _____

Address _____

Phone _____ Relationship _____

E-mail _____

Name _____

Address _____

Phone _____ Relationship _____

E-mail _____

Name _____

Address _____

Phone _____ Relationship _____

E-mail _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or terminated if hired.

If employed, I understand and agree that my employment is "at will" and may be terminated with or without cause or notice at my option or at the option of employer. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Applicant's Signature _____ Date _____



EMPLOYMENT VERIFICATION AND RELEASE FORM

Applicant Name _____ Social Security Number _____

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that all statements made on the employment application or during the interview process about my previous work and educational and military histories are true to the best of my knowledge. I hereby authorize the Heart Center of the Rockies to contact my past employers, school officials, references and others who may have knowledge of me and release all parties from any and all liability or claims from furnishing such information. I agree to supply additional information as required.

I understand that if any statements and/ or information are found to be false or misleading, such falsification may be cause for disqualification or immediate dismissal.

Applicant's Signature _____ Date _____