



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 Last First MI Date 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 \_\_\_\_\_