



# Application for Employment

BethHaven, Inc.  
616 N. Royer Street  
Colorado Springs, CO 80903

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

## Equal Employment Statement

BethHaven, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, BethHaven, Inc. complies with applicable state and local laws prohibiting discrimination in employment. BethHaven, Inc. also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws. **Applicants must be at least 21 years old.**

## APPLICANT INFORMATION

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

Social Security No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
State Number Exp. Date

Are you over the age of 21?  Yes  No

Current Address:

Street: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Information**

What do you prefer to work?  Full Time  Part Time

Please specify the days and hours available: \_\_\_\_\_

Are you willing to work overtime as necessary?  Yes  No

What date you can start? \_\_\_\_\_

Pay desired: \_\_\_\_\_

Have you ever been employed by us?  Yes  No

If yes, when? \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No

If yes, when? \_\_\_\_\_

\_\_\_\_\_

**Criminal Background Statement**

Have you ever been convicted of a crime other than a minor traffic offense (including driving offenses)?

Yes  No

If yes, please explain and specify if convicted of a misdemeanor or of a felony.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\*BethHaven Incorporated conducts criminal record checks. Failure to divulge complete information will disqualify you from employment. However, convictions will not necessarily disqualify an applicant from employment.)

Are you charged with an unresolved criminal Charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trail, deferred adjudication or dropping of the charge?)

Yes  No

If yes, explain fully.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Immigration Statement**

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, BethHaven, Inc. will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Do you have the legal right to work and remain in the United States?  Yes  No

---

---

**EDUCATION**

**High School**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or degree received: \_\_\_\_\_

**Business/Trade/Technical School**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or degree received: \_\_\_\_\_

**College**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Diploma or degree received: \_\_\_\_\_



---

---

## **PRIOR WORK HISTORY**

If previous employers' know you by a name which is different that which you have stated as your current legal name, please list other names: \_\_\_\_\_

Please list, in order, your previous employers, starting with your current or most recent employer first. Please list all employers whether full or part-time.

### 1. Current/Most Recent Employer

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_ Current \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's name/title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

- May we contact your present employer? \_\_\_ Yes \_\_\_ No

### 2. Second Most Recent Employer

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's name/title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### 3. Third Most Recent Employer

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's name/title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Fourth Most Recent Employer

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Phone number of employer: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Rate of pay: Start \_\_\_\_\_ Finish \_\_\_\_\_

Supervisor's name/title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

---

**OTHER SPECIAL SKILLS & ABILITIES**

Please describe any special training, skills and/or abilities you have that would be an asset to the program at BethHaven, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any experience with psychiatric patients? \_\_\_Yes \_\_\_No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you had any experience with special needs populations? \_\_\_Yes \_\_\_No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

---

---

**PERSONAL REFERENCES** (DO NOT list relatives)

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Dates known: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Dates known: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Dates known: \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_

---

---

**PRE-EMPLOYMENT STATEMENT**

*\*\* Read carefully and sign below \*\**

I understand and agree that:

1. This application is intended for use in evaluating my qualifications for employment. This application will be considered current for 6 months. In order to be considered for future positions, a new application must be filed to maintain current status.
2. I have read and understand all questions and applicant notes in this form and confirm that all answers given, statements made and information provided on this application are true and complete to the best of my knowledge and belief. Any false statement, misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, will be justification for terminating the application process, refusal of employment, or, if employed, termination from BethHaven, Inc.'s employ.
3. Any offer of employment I may receive from BethHaven, Inc. is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination and TB test that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to BethHaven, Inc.
4. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of BethHaven, Inc. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to BethHaven, Inc.

5. In processing my application for employment, I authorize the company and/or its agents to verify all answers, statements and information provided by me, or to procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
  
6. I authorize and request that all persons, schools, companies, agencies and law enforcement authorities, including without limitation my present and former employers and those individuals I have listed as personal references, furnish information about my background, employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, and I hereby release them from any and all liability for any damage whatsoever arising from furnishing the requested information. I hereby further consent to have BethHaven, Inc. contact anyone it deems appropriate to investigate or verify any information I have provided or to discuss my background, past performance, or suitability for employment and I hereby release BethHaven, Inc. from any and all liability for any damage whatsoever arising from investigating and verifying the referenced information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and I understand that my employment and compensation with BethHaven, Inc. is at-will and can be terminated with or without cause or notice, at any time, at the option of either the company or myself. **The BethHaven premises may be videotaped to insure the safety of residents, staff, and the property.**

7. This application is not an employment contract and acceptance of an offer of employment will not create an obligation to continue employment in the future. I further understand that no manager or representative of the company, other than the Executive Director, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (Please Print): \_\_\_\_\_

Please send your completed application to:

**Mary Herrera**  
**BethHaven, Inc.**  
**P.O. Box 326**  
**Colorado Springs, CO 80901**  
**Fax 719-634-5002**  
**info@bethhaveninc.org**