



THE PALISADES

At Broadmoor Park

a Dunn & Associates, Inc Managed Property

Application for Employment

Submit application and supporting documents to:

Palisades at Broadmoor Park
a Dunn & Associates, Inc Managed Property
4547 Palisades Park View
Colorado Springs, CO 80906
Phone: (719) 226-2273
Fax: (719) 355-3250

Website: <http://www.palisadesCARE.com>

Instructions and Information

- Please complete all pages of the application form fully and legibly. Furnishing information on the Application for Employment is required for full review and consideration.
- Resume and supporting material must be attached to the Application for Employment Form.
- All application materials for a specific job posting must be submitted at the same time.
- Applications and supporting materials will not be returned.
- Applications may be submitted via e-mail, by mail, or in person.
- Use the TAB key to move forward between fields, and SHIFT/TAB to move backwards.



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Position Desired: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City) (State) (Zip)

Telephone: _____
(Home) (Business) (E-mail Address)

1. Are you at least 18 years of age? Yes No

2. If hired, can you furnish proof you are eligible to work in the U.S.?? Yes No

3. What shift hours are you available to work? Mornings Days/
(check all appropriate spaces) Evenings Nights

4. Are you available to work: (check all appropriate spaces) Weekends Holidays Overtime

5. Do you have any relatives employed with Dunn & Associates? Yes No
If you are selected as the best candidate, you may be required to provide name(s) and relationship(s).

6. Have you ever been released or discharged from employment or resigned to avoid such release or discharge? Yes No

(If Yes, please indicate date and explanation for discharge or resignation):

Month/Yr: _____ / _____

Explanation: _____

7. a. Have you ever pled guilty or "no contest" to any criminal charges? Yes No
b. Have you ever been found guilty or been convicted of any crime? Yes No
c. Have you ever had sentencing deferred, adjudication withheld, prosecution deferred? Yes No
d. Do you have any criminal charges pending? Yes No

If yes, give **dates and details** of each _____

** Failure to disclose **ALL** applicable information **may disqualify you** from employment. A conviction will not necessarily disqualify you.

8. Have you worked or attended school under any other names? Yes No

If yes, please give names: _____

9. Professional/Technical Licenses/Certificates (List, if required for the position for which you are applying)

Type of License or Certificate	License/Cert. #	State/Organization Issued By	Expiration Date

10. Education and Training (include military training)

Education/Training Facility (list name & location)	Subjects Studied (list major & minor, if applicable)	Number of Years Completed	Diploma/Degree <u>Working Toward</u> (AA, BS, MS, PhD, etc.)	Diploma/Degree <u>Received</u> (AA, BS, MS, PhD, etc.)
High School				Graduated? Y or N If yes, type of diploma/degree received?
College/University				Graduated? Y or N If yes, type of diploma/degree received?
Graduate School/Professional				Graduated? Y or N If yes, type of diploma/degree received?
Trade/Correspondence/Other				Graduated? Y or N If yes, type of diploma/degree received?

11. Computer Skills (Only for positions which require computer skills)

- PC User
 Macintosh User
 Windows
 Microsoft Word
 Microsoft Access
 Microsoft Excel
 Microsoft Publisher
 Microsoft PowerPoint
 Internet
 E-mail
 Other. Please list:

12. Special Skills, Training, or Research Work

13. **Employment Record.** List your most recent employer first. You may include volunteer and paid experience. You may attach additional information.

Fill in ALL BLANKS and SECTIONS. Employment record **must be complete** to be considered.

Employer: _____ Address: _____

Immediate Supervisor & Title: _____ Telephone: _____

Your Job Title: _____ Dates Employed: Mo./Yr. _____ to Mo./Yr. _____

Job Duties:

Reason for leaving: _____ Salary: \$ _____

May we contact this employer? Yes or No

Employer: _____ Address: _____

Immediate Supervisor & Title: _____ Telephone: _____

Your Job Title: _____ Dates Employed: Mo./Yr. _____ to Mo./Yr. _____

Job Duties:

Reason for leaving: _____ Salary: \$ _____

May we contact this employer? Yes or No

Employer: _____ Address: _____

Immediate Supervisor & Title: _____ Telephone: _____

Your Job Title: _____ Dates Employed: Mo./Yr. _____ to Mo./Yr. _____

Job Duties:

Reason for leaving: _____ Salary: \$ _____

May we contact this employer? Yes or No

14. **Professional Personal References.** Give the names of three **professional** references (preferably work-related).

Make sure you contacted these Professional References **beforehand** in the event references are checked. Failure to do so will delay employment process.

Name	Relationship (co-worker/supv/ manager)	Company	Email	Telephone Number
1.				
2.				
3.				

WAIVERS AND DISCLOSURES

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Dunn & Associates, Inc. creates an actual or implied contract of employment, and that my employment is at will. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and Dunn & Associates, Inc has the same right.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand Dunn & Associates, Inc may contact my previous employers and I authorize those employers to disclose to Dunn & Associates, Inc all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to Dunn & Associates, Inc. I also authorize Dunn & Associates, Inc to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that I have received a written notification that Dunn & Associates, Inc may obtain a consumer report or reports on me. I authorize Dunn & Associates, Inc to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that term "consumer report" may include, but is not limited to, credit checks, criminal background checks, and Department of Motor Vehicle reports.

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. **I agree that Dunn & Associates, Inc shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.**

I have read, understand, and consent to these statements.

Signature of Applicant

Date

This application for employment will remain active for a limited time. Ask the organization's representative for details.

Dunn & Associates, Inc is an equal opportunity employer and does not discriminate because of race, color, religion, sex, age 40 and over, citizenship, marital status, disability, veteran status, genetic information, or national origin.



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Employment Verification and Release Form

To the APPLICANT: Please complete only this section of the form.

Applicant Name: _____

I certify all statements made on the employment application about my previous work and educational and military histories are true to the best of my knowledge. I hereby authorize Dunn & Associates, Inc to contact my past employers and references to obtain information about me. I agree to supply additional information as required. I understand 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: _____

To the EMPLOYER/REFERENCE: Please complete the following information regarding the applicant listed above.

The applicant listed above is being considered for a position with Dunn & Associates, Inc./The Palisades at Broadmoor Park. In order to proceed with employment, we would appreciate your completion of the following requests for information about the applicant. This information will be held in the strictest confidence. **Thank you for your assistance.**

Name of Applicant: _____

Current/Former Job Title of Applicant: _____

Business/School Name and Location: _____

Dates Employed/Attended: _____

Your Relationship to Applicant: _____

Strengths of Applicant. _____

Weaknesses of Applicant. _____

Is the Applicant honest, trustworthy, and ethical? _____

Please rate the Applicant's job performance on a scale of 1-5, 5 being your best performer. _____

Would You Rehire? _____

Is there any reason you know of that the Applicant should not be working with the elderly? _____

Comments: _____

Your Title (Past/Present as Applicable): _____

Your Phone Number and E-mail: _____

Your Signature: _____ **Date:** _____