

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and the selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older?.....Yes No E-Mail Address _____
(If you are hired, you may be required to submit proof of age.)

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

Referral Source: Advertisement Friend Relative Walk in Employment Agency Other

Name of Person Who Referred You _____

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Do you have a Driver's license?..... Yes No

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes No
If yes, give details: _____

List professional, trade, business or civic activities and offices held, (Excluded labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of
Years
Completed

Diploma/
Degree/
Certificate

Subjects
Studied

High School or GED: _____

College or University: _____

Vocational or Technical _____

What skills or additional training do you have that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm and name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR (s)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR (s)	TELEPHONE	Reason For Leaving
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR (s)	TELEPHONE	Reason For Leaving

Have you worked or attended school under any other names?..... Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

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 that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING. SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

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

DISCLOSURE OF OBTAINING MOTOR VEHICLE RECORDS

As part of its employment practices, **Blue Peaks Developmental Services, Inc.** may obtain and investigate Motor Vehicle Records (MVR's) for the purpose of evaluating you for employment, reassignment or retention as an employee. This report will include information about your driving history.

You have the right to request disclosures under federal law. Upon request, made within a reasonable time, **Blue Peaks Developmental Services, Inc.** will disclose the nature and scope of the MVR report. **Blue Peaks Developmental Services, Inc.** will send this information within 5 business days of receiving your written request.

AUTHORIZATION TO RELEASE MOTOR VEHICLE RECORDS

I hereby authorize, without reservation, **Blue Peaks Developmental Services, Inc.** to obtain a Motor Vehicle Report (MVR) for the purpose of evaluating me for employment/volunteering, promotion, reassignment or retention as an employee/volunteer. I understand that this report will include information about my driving history. I also understand and confirm that this notification and authorization has been read and understood by me and that it becomes a part of my employment application/record.

Name of Person Authorizing MVR release (Please Print)

Signature of Authorizing person

Date

Driver License Number

Date of Birth

Expiration Date

State of Issuance

Social Security Number (for ID purpose)

If name has changed through marriage or otherwise, print former name

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S. C. 1681b(b)(2).

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you a copy of the consumer report and description in writing of your rights under the law.

**We want you to know that reference checking is an important part
of our hiring process.**

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. In addition, we may also contact other business associates, acquaintances and friends. Please be advised that you have the right to request, in writing, within a reasonable time frame that we make a complete disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 working days of the date we receive the request from you.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____
(Please Print)

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Signature: _____

Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date ____/____/____

POSITION(S) APPLIED FOR _____

APPLICANT'S NAME _____
LAST FIRST MIDDLE

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

Applicant:

- Not interviewed at this time
- Interviewed — not offered job
- Interviewed — offered job — refused
- Interviewed — offered job — accepted

TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES - TO BE FILED SEPARATELY FROM APPLICATION

Written Authorization to Request a CAPS Check



COLORADO
Adult Protective Services
CAPS Check Unit

This employer is required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the hiring process of new employees who provide direct care to at-risk adults. Additionally, this employer has statutory authority to request a CAPS check for current employees. The CAPS check will alert the employer as to whether or not a prospective or current employee has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect,

and/or exploitation. More information on the CAPS check requirement can be found in the Colorado Revised Statutes (C.R.S.) under §26-3.1-111 and in the Colorado Code of Regulations (CCR) under 12 CCR 2518-01. Written authorization from the applicant/employee using this form is required. Please complete the form in its entirety. Failure to complete the form, omission of pertinent facts, and/or inclusion of misleading facts may result in disqualification or termination of employment. You may keep a copy of this form for your records.

■ EMPLOYER INFORMATION

Employer Name: Blue Peaks Developmental Services, Inc.
CAPS Check Employer ID # (XXX-#####): BLP-0000001589

■ REQUESTOR INFORMATION

Requestor Name: Shayna Garrett Requestor Title: Human Resource Director
Requestor Phone Number: 719-589-5135 Requestor Phone Extension: 209
Requestor Email: sgarrett@bluepeaks.org

■ APPLICANT/EMPLOYEE INFORMATION

First Name: _____ Middle Name: _____
Last Name: _____ Date of Birth: _____
SSN (Last 4 digits): _____ Maiden Name/Previous Name(s)/Alias(es): _____
DORA License # _____

Home Phone (Including Area Code): _____

Cell/Mobile Phone (Including Area Code): _____

Work Phone (Including Area Code): _____ Work Phone Extension: _____

Home Email: _____ Work Email: _____

Current Address Street: _____

Current Address City: _____ Current State: _____

Current Zip/Postal Code: _____ Current Address Start Date: _____

All Applicants/Employees are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Employer(s) Agency Name(s): _____

I, _____, by my signature below, authorize the employer referenced above to request a CAPS Check to determine if I have a substantiated finding as a perpetrator of mistreatment of an at-risk adult. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall be provided to the person directly involved in the employer's hiring process and may be used to inform their hiring decision of me. I acknowledge notification may occur through CAPS to this employer, for the duration of my employment with them, of any future substantiated findings against me. I attest that all information provided in this written authorization is true and complete to the best of my knowledge.

Signature: _____

Date: _____

CLEAR FORM

PRINT



COLORADO
Adult Protective Services
CAPS Check Unit

Blue Peaks Developmental Services, Inc.

703 Fourth Street • Alamosa, Colorado 81101

Please explain in a short paragraph why you would like to work for our organization and any experience you might have with the ID/DD population.

Signature: _____

Date: _____