

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment on race, age, color, sex, religion, national origin, or other protected classification.

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____

Are you over the age of 18 years old? Yes ☐ No ☐

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes ☐ No ☐

How did you learn about this opening? _____

Have you ever worked here before? Yes ☐ No ☐

Are there any hours, shifts, or days you cannot or will not work? _____

Shift preferred: Part-time _____ Full-time: _____

Are you willing to work overtime as required? Yes ☐ No ☐

Have you ever been charged with a felony? Yes ☐ No ☐

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

Education:

School/Colleges Attended: _____ Years: _____ Year Grad: _____ Degree/Cert: _____

Employment/Work Experience:

Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex, or national origin.

Employer: _____

Job title: _____ Supervisor: _____

Street address: _____ City/State/Zip: _____

Describe Duties/Responsibilities/Accomplishments:

Reason for leaving: _____

Dates of Employment (Month/Year): From: _____ To: _____

Employer: _____
Job title: _____ Supervisor: _____
Street address: _____ City/State/Zip: _____
Describe Duties/Responsibilities/Accomplishments:

Reason for leaving: _____
Dates of Employment (Month/Year): From: _____ To: _____
Employer: _____
Job title: _____ Supervisor: _____
Street address: _____ City/State/Zip: _____
Describe Duties/Responsibilities/Accomplishments:

Reason for leaving: _____
Dates of Employment (Month/Year): From: _____ To: _____

Personal References:

Name: _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
How Long: _____ Phone: _____
.....

Name: _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
How Long: _____ Phone: _____

Special Skills:

Describe any special skills or qualifications for this work:

I CERTIFY that the above answers are true and complete to the best of my knowledge. I understand that this application is not, and is not intended to be, any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions, or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations, and policies of **GOLDEN GATE MANOR**.

Signature: _____ Date: _____

OFFICE USE ONLY

Arrange Interview: ☐ Yes ☐ No Date: _____

Remarks: _____

Approved By: ☐ Yes ☐ No Date: _____

By: _____

Section 604 “(b) of FCRA Provides Conditions for Furnishing and Using Consumer Reports for Employment Purposes.

Print Name: _____

First	Middle	Last
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Social Security #: _____ - _____ - _____

Date of Birth: _____/_____/_____

Driver License #: _____ - _____

Current Address:

Street	City	State	Zip
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Current County of Residence: _____

Previous Address:

Street	City	State	Zip
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List All States That You Have Resided In:

SIGNATURE

DATE _____

The EEOC states for the purpose of pre-employment inquiries, under the Age Discrimination in Employment act of 1967, section 1625.6, “A request on the part of an employer for information such as ‘DATE OF BIRTH’ or ‘STATE AGE’ on an employment application form is not, in itself, a violation of the act.”

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 or volunteers. The CAPS check will alert the employer as to whether or not the employee or volunteer has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, exploitation, and/or harmful act.

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 is required from the applicant, employee, or volunteer using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S. You may ask the employer for a copy of this form for your records.

■ EMPLOYER INFORMATION (To be completed by the employer.)

Employer Name: _____

CAPS Check Employer ID # (XXX-#####): _____

■ REQUESTOR INFORMATION (To be completed by the employer.)

Requestor Name: _____ Requestor Title: _____

Requestor Phone Number: _____ Requestor Email: _____

■ APPLICANT/ EMPLOYEE/VOLUNTEER INFORMATION (To be completed by the applicant, employee, or volunteer.)

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name/Previous Name(s)/Alias: _____

Date of Birth: _____ SSN (Last 4 digits): _____ DORA License #: _____
(required for all licensed professionals)

Provide the Name(s) of Your Previous Employer(s) Over the Past Five (5) Years: _____

■ APPLICANT/EMPLOYEE/ VOLUNTEER CONTACT INFORMATION

Must provide at least one (1) personal phone number and one (1) email address.

Employee's Personal Email Address: _____

Employee's Work Email Address: _____

Employee's Cell Phone: _____ Employee's Home Phone: _____

Employee's Work Phone: _____ Employee's Work Phone Extension: _____

■ APPLICANT/EMPLOYEE/ VOLUNTEER CURRENT ADDRESS

Current Address Start Date (DD/MM/YYYY): _____

Current Street and Number (No PO boxes): _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

■ APPLICANT/EMPLOYEE/ VOLUNTEER PREVIOUS ADDRESS HISTORY

All applicants, employees, and volunteers are required to provide five (5) years of residential history, regardless of whether in the U.S. or abroad. If you lived outside the US in the past five (5) years, provide the international address(es), including the name of the city and country. If you listed less than 5 years at your current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

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 or volunteer assignment with them, of any future substantiated findings against me. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in §18-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

Signature: _____

Date: _____



COLORADO
Adult Protective Services
CAPS Check Unit

APPLICANT AVAILABILITY SCHEDULE(PRE-EMPLOYMENT)

Company: _____

Employee Name: _____

Position: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

The company will honor the schedule above to the best of its ability. Scheduling may change due to the change in customer needs as well as the needs of the company. Please be aware that this schedule may be subject to change.

Employee Signature

Date

Supervisor's Name

Supervisor's Signature