

# APPLICATION FOR EMPLOYMENT

Confidential

(Please Print Clearly)

<b>Personal Information</b>	Date of Application _____	Date Available _____
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Name \_\_\_\_\_  
Last
First
Middle

Present Address \_\_\_\_\_  
Street
City
State
Zip Code
Phone Number \_\_\_\_\_

Permanent Address (if Different than Present Address) \_\_\_\_\_  
Street
City
State
Zip Code
Phone Number \_\_\_\_\_

If you cannot be reached at above phone number, please give alternate number. Phone Number \_\_\_\_\_

Employment Desired		
Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of:  Full Time?  Part Time?  Temporary?

Are You 18 Yrs. of Age or Older?  Yes  No

Are You Employed Now?  Yes  No

May We Contact Your Present Employer?  Yes  No

How Did You Learn Of This Opening? \_\_\_\_\_

Education	Circle Highest Grade Completed	9	10	11	12	13	14	15	16	Scholastic Honors Received _____
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Type of Education	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <span style="font-size: small;">Date</span>	

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: \_\_\_\_\_

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month Day Year
Month Day Year

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

**Employment Record** (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. \_\_\_\_\_  
 Last First Middle Initial

Have you ever been convicted of a crime?  Yes  No If Yes, for what, when and where? \_\_\_\_\_

*(Conviction of a criminal offense will not necessarily preclude your employment.)*

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

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**Do Not Answer Questions In This Area - To Be Completed After Employed**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language(s) (Other than English) Do You Speak? \_\_\_\_\_

**Employment Understanding (Please Read and Sign)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.
	P.M.	P.M.	
Wednesday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Thursday	A.M.	A.M.	_____
	P.M.	P.M.	
Friday	A.M.	A.M.	_____
	P.M.	P.M.	
Saturday	A.M.	A.M.	_____
	P.M.	P.M.	

Date

**This Page For Institution and Interviewers' Use Only**

<b>Interviewers' Comments</b>		
<b>Interviewer</b>	<b>Date</b>	<b>Comments</b>

<b>Reference and Prior Employment Check</b>		
<b>Individual Contacted</b>	<b>Name of Firm</b>	<b>Results of Check</b>

<b>FOR PERSONNEL OFFICE USE</b>		
Hired _____	For what department _____	Position _____
Salary _____ per	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour	Starting Date _____

# CAPS Check Request Form



**COLORADO**  
Adult Protective Services  
CAPS Check Unit

Certain employers are 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, these employers have statutory authority to request a CAPS check for current employees and volunteers. The CAPS check will alert the employer as to whether or not a prospective or current 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. Please complete the form in its entirety.

*Incomplete or unsigned requests AND/OR requests without full payment of the fee will not be processed and will be returned. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.*

*Payment must be made with a check or money order for \$9.00 per employee payable to CAPS Check Unit. Please note: Cash payments will not be accepted and the request will be returned.*

**Mail your completed request to:**  
Colorado Department of Human Services  
Division of Aging and Adult Services  
CAPS Check Unit  
1575 Sherman St., 10th Floor  
Denver, CO 80203

## ■ EMPLOYER INFORMATION

Employer Name: Walsh Healthcare Center

CAPS Check Employer ID # (XXX-#####): WAH-0000000789

## ■ REQUESTOR INFORMATION

Requestor Name: Tammy Hetrick Requestor Title: Office Manager

Requestor Phone Number: 719-324-5262 Requestor Email: tammy.hetrick@walshhealthcarecenter.com

## ■ APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name/Previous Name(s)/Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ 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 the applicant's 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): \_\_\_\_\_

*By my signature, below, I attest that I have received a signed written authorization from the employee/applicant/volunteer to conduct this CAPS Check. My signature also confirms that I acknowledge that this request will flag this employee/applicant/volunteer for any future substantiated findings, and if the employee/applicant/volunteer is still employed by me or my agency at that time, notification of the substantiated finding(s) will be provided to me or my agency. I affirm that I am authorized by Section 26-3.1-111(7), C.R.S. to request this CAPS check. 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

## DISCLOSURE REGARDING CONSUMER REPORT AND/OR INVESTIGATIVE REPORT

The Organization: Walsh Healthcare Center ("the Organization") may obtain information about you from a third-party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by:

*PreSearch Background Services, INC*  
310 Stuntz Ave Suite 201 PO Box 711 Ashland WI, 54806  
P: 800-574-0394 Ext: 101  
<http://www.presearchinc.com>

The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

### State Specific Notices:

**California applicants or employees:** By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22. Please check the appropriate box here if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge. Yes

**California, Minnesota, and Oklahoma applicants or employees:** Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge. Yes

**New York and Maine applicants or employees:** You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees:** Upon request, you will be informed whether a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing the authorization, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Oregon applicants or employees:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

PLEASE INITIAL:

*\*By initially you are acknowledging you understand and that a consumer or an investigative report will be conducted by the above listed entities.*

**Authorization**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment and throughout my affiliation with the Company, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), Information service bureau, employer, or insurance company to furnish all background information requested by PreSearch Background Services, Inc, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Applicant Signature: \_\_\_\_\_ Today's date \_\_\_\_\_