

# APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

## Personal Information

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_  

Street
City
State
Zip Code

Permanent Address (if Different than Present Address) \_\_\_\_\_ Phone Number \_\_\_\_\_  

Street
City
State
Zip Code

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      Scholastic Honors Received \_\_\_\_\_  
 13   14   15   16

	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; _____ <small style="text-align: right;">Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="text-align: right;">Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="text-align: right;">Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ <small style="text-align: right;">Date</small>	

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

Type	Organization or State Issued	Date Issued	Number	Verif.

**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	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	Ending	
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From	Starting	
	To	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? \_\_\_\_\_



**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 _____

# Written Authorization to Request a CAPS Check



**COLORADO**  
Adult Protective Services  
CAPS Check Unit

Pursuant to §26-3.1-111, C.R.S., certain employers named in the statute are required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) prior to hiring a new employee who will be providing direct care to at-risk adults. These employers are also authorized by statute, though not required, 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 been substantiated as a perpetrator of physical abuse, sexual abuse,

caretaker neglect, and/or exploitation of an at-risk adult. More information on the CAPS check requirement can be found in Title 26, Article 3.1 of the Colorado Revised Statutes (C.R.S.) and 12 CCR 2518-01 of the Colorado Code of Regulations (CCR).

Written authorization from the applicant/employee using this form is required per APS regulations (12 CCR 2518-1). Please complete this entire form. It is recommended that you and the employer keep a copy of this form for your records.

## ■ EMPLOYER INFORMATION

Employer Name: Walsh Healthcare Center

CAPS Check Employer ID # (XXX-#####): \_\_\_\_\_

## ■ REQUESTOR INFORMATION

Requestor Name: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Requestor Phone Extension: \_\_\_\_\_

Requestor Email: \_\_\_\_\_

## ■ 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 # \_\_\_\_\_

### GENDER:

- Woman
- Man
- Transgender (Identifies as Woman)
- Transgender (Identifies as Man)
- Unknown

### RACE/ETHNICITY (Check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian National & Pacific Islander
- Hispanic or Latino
- Middle Eastern or North African
- White

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By my signature, below, I attest that all information provided in this written authorization is true and complete. My signature authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an APS case as a perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowledge that the information resulting from such a check will be shared directly with the employer who may use the results to inform their hiring decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer of any future substantiated findings as long as I am employed by this agency.*

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

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

CLEAR FORM

PRINT



**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 \_\_\_\_\_