



115 West 2<sup>nd</sup> Street; Pueblo, CO 81003 Ph# (719) 546-0572, Fax# (719) 546-0146

[www.coloradoblueskyentrprises.org](http://www.coloradoblueskyentrprises.org)

Providing Excellence in Quality Services & Supports for Persons with Developmental Disabilities in Pueblo County since 1964. **Mission Statement:** We believe all persons have the right to live, learn and work in the community with the hope, dignity, choices, opportunities and responsibilities accorded to all citizens.

## APPLICATION FOR EMPLOYMENT

Your application will be considered for 3 months, after that time you must reapply

DATE SUBMITTED \_\_\_\_\_

### PERSONAL INFORMATION

|   |  |             |  |
|---|--|-------------|--|
| Full Name:  |  |             |  |
| Address:  |  |             |  |
| Mailing Address or Permanent Address:   |  |             |  |
| Home Phone:   |  | Cell Phone: |  |
| Referred by:  |  |             |  |
| Are you related to anyone who is currently involved with, working for or receiving services through Colorado Bluesky Enterprises, Inc.? Yes No (circle one) If Yes how? |  |             |  |

### EMPLOYMENT DESIRED

|   |   |                 |
|---|---|-----------------|
| Position:   | Date You Can Start:   | Desired Salary: |
| Are you currently employed?   | If so, may we contact your present employer?<br>past employer?<br>references? |                 |
| Have you <u>applied to</u> or <u>worked for</u> this Company before? ( circle any that apply) | Dates:  | Position Held:  |

### EDUCATION

| Name & Location of High School; College; University                    | Dates Attended (Required For Case Management Pos.) | Did you graduate? | List Degrees ; High School, GED , BS, BA, Masters etc. |
|--|--|-------------------|--|
| High School  |  |                   |  |
| College:<br><b><u>Case Managers, Management Positions Required</u></b> | FROM:<br><br>TO:                                   |                   |  |

Subject of specialty study, training, research work, certification, or life experiences that may be helpful when working with developmentally disabled: \_\_\_\_\_  
 Activities other than religion (civic, athletic, etc.) \_\_\_\_\_

**Former Employers** – Please list below your last four employers starting with most recent first.

| Date<br>Month/Year | Name, Phone, & Address | Salary or<br>Hourly | Position/Title | Reason for Leaving |
|--------------------|------------------------|---------------------|----------------|--------------------|
| From<br><br>To     |                        |                     |                |                    |
| From<br><br>To     |                        |                     |                |                    |
| From<br><br>To     |                        |                     |                |                    |
| From<br><br>To     |                        |                     |                |                    |

**References** – List three people NOT related to you that you have known for at least a year.

| Name | Address & Phone | Business | Number of Years Known |
|------|-----------------|----------|-----------------------|
|      |                 |          |                       |
|      |                 |          |                       |
|      |                 |          |                       |

Person we may contact in case of emergency? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that Colorado Bluesky Enterprises, Inc. reserves the right to terminate-at-will persons who are hired in the Labor Pool during training and probation period for the first six months of employment. A trainee can be given immediate notice of termination.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is cause for termination. Any local agency or provider of services pursuant to Colorado State Statute 27-1-110 may investigate applicants for employment as set forth by the Statute. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without pervious notice.

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

**Colorado Bluesky Enterprises, Inc.**

**Colorado State Statute 27-1-110**

**27-1-110 Employment of personnel**

- (1) The general assembly hereby recognizes that many individuals receiving services pursuant to this title are unable to defend themselves and are therefore vulnerable to abuse or assault. It is the intent of the general assembly to minimize the potential for hiring persons with a propensity toward abuse, assault, or similar offenses against others for positions which would provide them with unsupervised access to individuals receiving services pursuant to this title.
- (2) Prior to the department's employment of any person in a state facility operated by the department and in a position which would require that person to have direct and unsupervised contact with any individual receiving services pursuant to this title, the executive director or any division head of the Department of Human Services may require said person to submit fingerprints to the department which shall be released to the Colorado Bureau of Investigation for the purpose of fingerprint processing utilizing the files and records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation.
- (3) The executive director or any division head may contact previous employers of any person applying for a position which would require that person to have direct and unsupervised contact with any individual receiving services pursuant to this title for the purpose of obtaining information and recommendations which may be relevant to such person's fitness for employment. Any previous employer of any applicant of employment who provides information to the executive director or a division head or who makes a recommendation concerning such persons shall be immune from civil liability unless the information is false and the previous employer knows such information is false or acts with reckless disregard concerning the veracity of such information.
- (4) Any local agency or provider of services pursuant to this title may investigate applicants for employment as set forth in this section.
- (5) The executive director, any division head, or any local agency or provider who relies on information obtained pursuant to this section in making an employment decision or that concludes that the nature of any information disqualifies the person from employment shall be immune from civil liability for said decision or conclusion unless the information relied upon is false and the executive director, division head, or local agency or provider knows such information is false or acts with reckless disregard concerning the veracity of such information.
- (6) The executive director may promulgate such rules and regulations as are necessary to implement the provisions of this section.

I have read and understand the above information.

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

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

**COLORADO BLUESKY ENTERPRISES, INC.**

Colorado Bluesky Enterprises, Inc. reserves the right to complete a Criminal, Sex Offender and Motor Vehicle records check if you are chosen for employment by our agency. By signing and dating the following forms you give your consent for Colorado Bluesky Enterprises to obtain this confidential information. The following information is required in order for our agency to be in compliance with Federal, State and Board policies, rules and regulations. In order to be eligible for employment, the following must be complete. Please be advised that falsification of information may result in immediate termination.

**CRIMINAL HISTORY / SEX OFFENDER REGISTRY:**

All applicants are required to disclose on the employment application if they have been convicted of or served time for a felony. If they have, they are required to describe the situation on the application. Criminal and Sex Offender Registry record checks will be completed on perspective employees and reviewed for job relatedness and time since convictions.

The applicant will be rejected if the applicant discloses or their files reveal that the applicant has:

1. Any felony convictions in the last 7 years. However, exceptions may be considered in truly unusual cases where the conviction does not reflect upon the applicant's suitability for employment.
2. Has been arrested (but not convicted) in the last 7 years for any crime that would have made him/her unacceptable for employment by Colorado Bluesky Enterprises, Inc. If the applicant had been convicted, the Human Resources Director will make a reasonable effort to determine if the applicant actually committed the offense. If the manager is not convinced that the applicant did not commit the offense, then the applicant will be rejected for employment.
3. Any convictions of sexual assault.

**Have you ever been convicted of a felony and or sexual assault?      Yes \_\_\_\_\_      No \_\_\_\_\_**

**DRIVING RECORDS:**

An applicant's driving record is very important to Colorado Bluesky Enterprises, Inc. All applicants will have a motor vehicle record check completed. Any instances of one of the following events or combination of events in the past 12 months may be reason for disqualification: 1) Suspended license 2) Driving under the influence, 3) revoked license 4) More than 6 points total against your license (dependent on the type of violation and the timeframe) .

**Do you have a Colorado Driver's License?      Yes \_\_\_\_\_      No \_\_\_\_\_**

COLORADO BLUESKY ENTERPRISES INC.

FOR THE PURPOSE OF CONDUCTING CRIMINAL AND SEX OFFENDER

BACK GROUND CHECKS

PLEASE PRINT ALL INFORMATION

|                          |                      |                         |                                 |
|--------------------------|----------------------|-------------------------|---------------------------------|
| _____<br>First Name      | _____<br>Middle Name | _____<br>Last Name      |                                 |
| _____<br>Date of Birth   | _____<br>Sex M/F     | _____<br>Race           | _____<br>Social Security Number |
| _____<br>Current Address |                      | _____<br>City/State/Zip | _____<br>Phone Number           |

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

**COLORADO BLUESKY ENTERPRISES INC.**

**Public and Private Record Release**

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicles and criminal background information to the organization named below for the employment or insurances eligibility purposes.

By signing below:

I authorize Colorado Bluesky Enterprises (CBE) to investigate and review driving motor vehicle, criminal histories and related information periodically through the duration of my employment or insurances relationship with CBE.

I understand that my employment or insurance eligibility is contingent upon Colorado Bluesky's review of such information; and

I confirm that I have read and understand the attached disclosure statement.

|  |                      |
|--|----------------------|
| _____<br>Signature   | _____<br>Date        |
| _____<br>Printed Name (As it appears on your driver's license) | _____<br>Date        |
| _____<br>Driver's License Number                               | _____<br>State       |
| _____<br>Date of Birth   | _____<br>Gender: M F |

# 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:

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:





