



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

www.coloradoblueskyentrpises.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. dianity. choices. oppourtunities 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? past employer? 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: <u>Case Managers, Management Positions</u> <u>*Required</u>		FROM: 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 Month/Year	Name, Phone, & Address		Position/Title	Reason for Leaving
From To				
From To				
From To				
From 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 previous 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. reserves the right to complete a Criminal, Sex Offender, Motor Vehicle records and Education Verification check if you are chosen for employment by our agency. By signing and dating the following 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.

I have read and understand the above information.

Signature: _____ Date: _____

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 ____

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 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.

_____ Signature	_____ Date
_____ Printed Name (As it appears on your driver's license)	_____ Date
_____ Driver's License Number	_____ State Expiration Date
_____ Date of Birth	_____ Gender: M F
_____ Current Address	_____ Social Security #
_____ City	_____ State/Zip Code

COLORADO BLUESKY ENTERPRISES, INC.

Name: _____ Date: _____

Please answer the following questions:

1. Today an individual that you support has found out that it is your birthday and gives you a birthday card with a \$10 bill inside. What would your response be?

2. How would you respond if an individual that you support asked you on a date? Please explain your answer.

3. In your opinion, what is the most valuable quality an individual could develop that would help them to live more successfully in the community?

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: _____



COLORADO
Adult Protective Services
CAPS Check Unit