



APPLICATION FOR EMPLOYMENT

Horizons Specialized Services is an equal opportunity employer. Horizons does not unlawfully discriminate on the basis of race, sex, sexual orientation, national origin, ancestry, religion, creed, age, genetic information, physical or mental disability, or veteran status.

(Please type or print in ink.)

Date of Application: _____

1. Name: _____
Last First Middle

2. Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

3. Title(s) of job(s) for which you are applying: _____

How did you hear about this position? Newspaper Radio Facebook
 Job Search Website Staff Referral, who? _____

4. Acknowledgment of job requirements:

I, _____ (*Signature of Applicant*),
state that I received and read the job description(s) for the above job(s) that I seek. I understand
the credentials, qualifications, and essential job functions required for such job(s). I state that:

a. I meet all required qualifications, credentials, experience, education, licenses, etc.
 YES NO

b. If "No" to 4.a., what qualifications do you lack?

c. I can perform the essential job functions with or without reasonable accommodation.
 YES NO

d. If "No" to 4.c., what essential job functions are you unable to perform with or without
reasonable accommodation?

5. List the dates of all prior applications for employment that you have filed with Horizons:

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6. If you have ever been employed by Horizons, please state the position held, period of employment, and reason for leaving:
7. Have you been employed by another Community Centered Board/PASA?
 Yes No
8. If you are related to any of our employees, please state the name of the employee, how you are related, and the employee's position with Horizons, if known. (Relationship to an employee does not disqualify the applicant, except when one employee will be in a supervisory, audit or confidential capacity over the other.)
9. If you are related to any person to whom we provide services, please give the name of the person and the relationship (child, sibling, etc.).
10. On what date will you be available for work? _____
11. Are you available to work:
- | | | | |
|----------------------------------|------------------------------|-----------------------------|----------------------------|
| a. Any day of the week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | days unavailable are _____ |
| b. Full-time (40 hours or more)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Part-time in a.m.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. Part-time in p.m.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e. Overnight shifts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. Relief work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
12. If the job description requires, can you travel out of town or overnight?
 Yes No Not Applicable
13. Are you currently on "lay-off" status or seasonal status subject to recall?
 Yes No

HISTORY OF EMPLOYMENT

We will call your past employers for references. Please make sure you have a complete and current phone number where we can contact your current/former supervisor.

14. List all jobs you have held in the past seven years. You may include military service or full-time volunteer services you have performed (optional). List in chronological order beginning with your current or most recent job. Add additional sheets, if necessary.

a. **Name of Employer:** _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

b. **Name of Employer:** _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

c. **Name of Employer:** _____

Location: _____

Telephone Number: _____

Dates employed or engaged: _____ to _____

Job title: _____

Supervisor's name: _____

Type of duties performed: _____

Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

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d. **Name of Employer:** _____
Location: _____
Telephone Number: _____
Dates employed or engaged: _____ to _____
Job title: _____
Supervisor's name: _____
Type of duties performed: _____
Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

e. **Name of Employer:** _____
Location: _____
Telephone Number: _____
Dates employed or engaged: _____ to _____
Job title: _____
Supervisor's name: _____
Type of duties performed: _____
Reason for leaving: Voluntary Quit Laid Off
 Discharge Resigned Under Threat of Discharge

15. Please explain any time gaps in employment history stated above.

16. Have you ever quit or been terminated from a job for alleged theft, dishonesty, embezzlement, physical assault or other activity of a criminal nature?

Yes No

If "Yes," please provide details including identity of the employer (name, address and telephone number), the nature of the allegations, defenses to the allegation and the outcome of any investigation:

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17. **Other References:**

Give the name, address, and complete and current telephone number of three (3) character references of persons who have known you at least three (3) years and who are not relatives or previous employers:

a. **Name:** _____

City & State: _____ Phone: _____

a. **Name:** _____

City & State: _____ Phone: _____

a. **Name:** _____

City & State: _____ Phone: _____

18. **Other Names you are or were known by:**

Employer will be contacting references listed by you in considering your application. Please identify below any other names you have used with them, such as a nickname or maiden name. This will facilitate our verification efforts.

Name: _____

References listed who know you by that name: _____

Name: _____

References listed who know you by that name: _____

Name: _____

References listed who know you by that name: _____

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EDUCATION

(To be completed by all applicants applying for positions with educational requirements)

19. Please list all high schools, colleges, universities, technical, or vocational schools you have received certification or a degree from. List in chronological order beginning with the most recent school attended. Add additional sheets if necessary.

a. Name of School & Location: _____

Diploma/Degrees received: _____

Major or subject of study: _____

Nature of school: High School Undergraduate
 Graduate Technical/Vocational

b. Name of School & Location: _____

Diploma/Degrees received: _____

Major or subject of study: _____

Nature of school: High School Undergraduate
 Graduate Technical/Vocational

c. Name of School & Location: _____

Diploma/Degrees received: _____

Major or subject of study: _____

Nature of school: High School Undergraduate
 Graduate Technical/Vocational

20. Please list any other licenses or certifications you currently hold that are required or desired for the job you seek or which you feel enhance your qualifications for the job:

21. Describe any educational honors or awards received that relate to the job you seek:

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22. If knowledge of a foreign language is required or desired for the job you seek according to the job description, please indicate your knowledge of such language(s):

Foreign Language:	Speak	Read	Write	Fluent	Good	Fair
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. If a driver's license is required or desired for the job you seek according to the job description, please state (if a license is required, you must have a Colorado driver's license and be insurable in order to qualify for the job or otherwise perform that job function with or without reasonable accommodation):

- a. I am currently licensed in the State of Colorado. Yes No
- b. My license to drive has has not been suspended or revoked in Colorado or any other state in the past ten years. IF IT HAS BEEN SUSPENDED OR REVOKED, EXPLAIN WHEN AND WHY:

- c. I am currently covered by automobile liability insurance as required by Colorado State law.
 Yes No IF YOUR ANSWER IS "NO," EXPLAIN WHY:

- d. There are are not any traffic charges pending against me that may result in the loss of my license if I am found in violation. IF THERE ARE PENDING CHARGES, EXPLAIN THE NATURE OF THE CHARGES AND WHEN ISSUES OF GUILT WILL BE DETERMINED:

24. Are you a U.S. citizen or an individual lawfully authorized to work in the United States? (Proof of right to work in the U.S. will be required upon employment in accordance with the Immigration Reform and Control Act of 1986.) Yes No

25. Have you been convicted of a crime or are you presently formally charged with committing a criminal offense? (Do not include crimes for which records are sealed or have been expunged.)
 Yes No

If "Yes," furnish details of the conviction(s) or pending charge(s), including nature of the offense, county and state where convicted or charged, date of conviction, sentence or fine imposed. Regarding pending charges, what is the status of the complaint?

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26. Within the past 30 days, have you used cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances, that were not prescribed to you by a physician or taken in accordance with your physician's prescription? Yes No

If "Yes":

- a. What was the controlled substance used? _____
- b. What was the most recent date of use? _____
- c. Do you agree not to use controlled substances except as prescribed for you by your physician while employed at Horizons and that you will be able to pass all drug tests?
 Yes No
- d. Do you agree to submit to drug testing before employment and, if employed, on a periodic, unannounced basis?
 Yes No
27. Please provide a written statement as to why you wish to become employed with our organization and what contributions you feel you can and will make for the betterment of our organization.

28. State any additional information you feel may be helpful to us in considering your application:



DECLARATION OF FULL DISCLOSURE
AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this Application for Employment (Application) is true, correct and complete to the best of my knowledge (as is all the supplemental information submitted in conjunction with this Application). I understand that any misstatement or omission of fact on this Application or in any supplemental information may result in my not being hired, or if employed, my termination. I authorize investigation of all statements contained in this Application (and accompanying résumé, if any), including but not limited to investigation of my employment, education and residential history, driving record, and criminal record.

“You” as used herein refers to Horizons Specialized Services and your employees, agents and representatives acting on your behalf in accordance with this Authorization.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my past employers, educators, landlords, neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, and personal characteristics. I authorize investigation by law enforcement and any and all state and federal agencies, employers or any other appropriate firms or agencies in any state. (I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.)

I release you from all claims and liability to me for any damages I may suffer as a result of your investigation, including but not limited to claims of invasion of privacy, negligence, other tort claims, contract claims and claims based on equitable theories or federal or state statutes.

In consideration of my employment, I agree to conform to the policies and procedures of Horizons Specialized Services and understand my employment and compensation can be terminated, with or without cause, and with or without prior notice, at any time, at the option of either Horizons Specialized Services or myself. I understand that Horizons Specialized Services maintains a drug free workplace and that I may be required to participate in drug testing as an applicant or employee of Horizons Specialized Services.

Applicant Signature

Date

Print Name



**AUTHORIZATION AND RELEASE FOR
RESPONDING TO EMPLOYMENT INQUIRIES**

I, _____, do hereby authorize _____ (the Company) to release information to Horizons (Prospective Employer) as part of its investigation of my application for employment with Prospective Employer. I request that the Company cooperate with the Prospective Employer in its verification efforts by giving any information requested regarding my employment, including, without limitation, my job positions and duties, performance, attendance, honesty, ability to get along with others, reliability, complaints made against me and investigation result, competence, leadership, attitude, skills, evaluations, any discipline, reasons for leaving, and eligibility for rehire.

I am aware that the information provided by the Company may or may not be of assistance to me in obtaining the job I seek. I accept the risk that the information given may prevent me from obtaining the job. I release the Company, its affiliates, subsidiaries and parent companies, owners, officers, employees, agents and representatives (referred to jointly as "the Company") and any other person or entity from liability for any and all damages I may suffer as a result of the Company responding to the Prospective Employer's request for information given pursuant to this Authorization. I covenant not to sue the Company or any other party, based on the Company's compliance with this Authorization.

I have provided this Authorization to induce the Company to cooperate with Prospective Employer. I acknowledge that the Company will rely upon this Authorization in responding to the Prospective Employer's inquiries about me. If I, or any one claiming through me, files a claim with any court or arbitrator in violation of this Authorization, I, or such party claiming through me, will be responsible for all damages, including costs and reasonable attorney fees, incurred by the Company in defending such claims or as a result of any award against the Company.

I have entered into this Authorization knowingly and voluntarily and with the understanding that the Company will rely on this Authorization in cooperating with Prospective Employer.

A photocopy of this Authorization and Release shall be as valid as the original. This Authorization is valid indefinitely, but can be cancelled for the purpose of future references if I notify the Company in writing of cancellation.

Applicant Signature

Date

Print Name

Print Previous Name



RELEASE AUTHORIZATION

1. In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my criminal and civil conviction history, character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my driving record, court record, education credentials and references.
2. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
3. I acknowledge that a Fax or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT,INC or its agent to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.
5. This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure a consumer report on me at any time during my employment period for employment purposes.

Applicant Signature

Print your full name

Print other names you have used

Please list all cities, states and counties you have resided in for the last 7 years:
(For **Colorado** residency, you only need to list the state once.)

City State County

City State County

City State County

City State County

Date of Birth: _____

Social Security Number: _____



DISCLOSURE AND RELEASE FORM
Driving Record Information

1. **In connection with my employment (or my application for employment), I hereby give permission to HORIZONS (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).**
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party or agency contacted by Employer, to furnish the abovementioned information.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
5. This authorization shall remain on file by Employer for the duration of my employment, and will serve as ongoing authorization for Employer to procure a consumer report on me at any time during my employment period for employment purposes.
6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 - ◆ Employer must notify me in writing of any such adverse action.
 - ◆ I have the right to receive a copy of the driving record upon which the adverse action was based.
 - ◆ I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and phone number of the consumer-reporting agency that provided my driving record to the Employer.
 - ◆ I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
 - ◆ I have the right to dispute the accuracy of completeness of my driving record with the consumer-reporting agency that provided it, and request that errors be corrected.

Applicant Signature

Date

Print Name

Date of Birth

Driver's License Number

State License Issued

Social Security Number

Written Authorization to Request a CAPS Check



COLORADO
Department of Human Services

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. The CAPS check will alert the employer as to whether or not a prospective or current employee has a substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect,

and/or exploitation. 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 from the applicant/employee using this form is required. Please complete the form in its entirety. Failure to complete the form, omission of pertinent facts, and/or inclusion of misleading facts may result in disqualification or termination of employment. You may 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 # _____

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): _____

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 with them, of any future substantiated findings against me. I attest that all information provided in this written authorization is true and complete to the best of my knowledge.

Signature: _____

Date: _____



COLORADO
Department of Human Services