

# PDS APPLICATION CHECK LIST:

<b>First Name:</b> _____ <b>Last Name:</b> _____
<b>Cell Phone:</b> _____
<b>E-mail:</b> _____
<b>Address:</b> _____ _____

***DO NOT WRITE BELOW– Staff use***

Level one:

- \_\_\_\_\_ Application (including background check)
- \_\_\_\_\_ Host Home Application (if applies)
- \_\_\_\_\_ I-9
  
- \_\_\_\_\_ Copy of Driver's License
- \_\_\_\_\_ Copy of SS Card
- \_\_\_\_\_ Copy of Work Authorization Card (if applies)

Level 2- Position has been offered:

- \_\_\_\_\_ W-2
- \_\_\_\_\_ CAPS
- \_\_\_\_\_ Copy of MVR
- \_\_\_\_\_ Copy of Car Insurance
- \_\_\_\_\_ Copy of Home Insurance (Host home Providers)
- \_\_\_\_\_ Copy of Liability Insurance (Host Home Providers)

Certifications/Trainings:

- Driver's Safety/Defensive Driving \_\_\_\_\_
- QMAP \_\_\_\_\_
- Safety Care (renew annually) \_\_\_\_\_
- CPR/Safety Care (renew every 2 years) \_\_\_\_\_

- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Received by Who: _____
Date: _____
Scanned: YES NO (circle 1)



People's Day Service

# APPLICATION FOR EMPLOYMENT

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, THE PEOPLE'S DAY SERVICES, LLC does not discriminate against applicants or employer or sub-contractors because of their age, race, color, religion, national origin, sex (except where sex is a bona-fide occupational qualification) or on any other basis prohibited by law. Furthermore, PDS, LLC will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by PDS, LLC for the job.

PLEASE PRINT CLEARLY				TODAYS'S DATE
NAME	(Last)	(First)	(Middle)	
CURRENT ADDRESS: (Street) (City) (State) (Zip-Code)				
RESIDENT ADDRESS: (Street) (City) (State) (Zip-Code) <small>(If different from above)</small>				
DATE OF BIRTH : _____				
DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____				
SOCIAL SECURITY NUMBER: _____				
HOME PHONE: _____				
CELL PHONE: _____				
EMAIL ADDRESS: _____				

TYPE OF POSITION DESIRED			
<input type="checkbox"/> Program Manager	<input type="checkbox"/> Day Program Counselor	<input type="checkbox"/> HR / Office Staff	<input type="checkbox"/> Accounts/Payroll
<input type="checkbox"/> SLS Facilitator	<input type="checkbox"/> Community Connector	<input type="checkbox"/> HH / Respite Provider	<input type="checkbox"/> Repair/Maintenance
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> SUMMER	RATE EXPECTED/HR
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> OTHER: _____		
WILL YOU RELOCATE?	TO WHAT AREA?	WILL YOU TRAVEL?	WHEN CAN YOU START?
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

HOURS OF AVAILABILITY							
	SUN.	MON.	TUE.	WED.	THR.	FRI.	SAT.
7 AM—3 PM							
3 PM—11 PM							
11 PM—7 AM							

### CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)?     YES     NO

IF YES EXPLAIN	WHERE	WHEN	CHARGED	SENTENCE

(Disclosure of a criminal record will not necessarily disqualify you for an opportunity. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness, in relation to the job for which you are applying. In addition, all applicants shall be subjected to an FBI criminal background check.)

### RECORD OF EDUCATION

NAME & ADDRESS OF SCHOOL / COLLEGE / UNIVERSITY	YEARS OF ATTENDANCE FROM MO/YR TO MO/YR	DID YOU GRADUATE	CERTIFICATE / TYPE OF DEGREE
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE SCHOOL			
OTHER			

### JOB HISTORY

List *names* of employers in consecutive order with present or last employer listed first Account for all periods of time including military service and any periods of unemployment if self-employed

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR	REASON FOR LEAVING
TELEPHONE	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR	REASON FOR LEAVING
TELEPHONE	
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR) FROM: _____ TO: _____ PAY: START: \$ _____ FINAL: \$ _____
SUPERVISOR	REASON FOR LEAVING
TELEPHONE	

Have you worked or attended school under any other name (s)? ..... [ ] Yes [ ] No

If yes give names: \_\_\_\_\_

Are you presently employed? ..... [ ] Yes [ ] No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? ..... [ ] Yes [ ] No

If yes, please explain \_\_\_\_\_

**REFERENCES**

Give three references, not relatives or former employees

	NAME	E-mail	Cell Phone
1			
2			
3			

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer or past employers, and organization to provide relevant information and opinion that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and or post-employment drug screening as a condition of employment if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a completion pre-employment physical examination, I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION, BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature, consent to these statements.

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

This application for employment will remain active for six months, please call back after six months to reactivate it.

# People's Day Service Application Questionnaire

(Please answer in complete sentences)

Please answer these questions:

1. What is your experience with working with people who have Intellectual Disabilities and or are Developmentally Disabled?

2. Do you have a Driver's License and able to get a Motor Vehicle Record?

3. How did you hear about People's Day Service?

Do you have any of the following Certifications or Trainings and what month and year taken?

SafetyCare? \_\_\_\_\_

QMAP? \_\_\_\_\_

CPR/1st Aid? \_\_\_\_\_

Other? \_\_\_\_\_

## People's Day Services

12445 E 39th Ave Ste 402  
Denver, CO 80239

Tel: 303-456-4100  
Fax: 303-456-4844  
Mobile: 720-371-2701



## Colorado Adult Protective Services background check

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).

The cost of this back-ground check is **\$16.50**. PDS accepts Cash/Check or you can opt to have it deducted from your check.

Please circle your method of payment:    **CASH**      **CHECK**      **DEDUCT FROM CHECK**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

# BACKGROUND SCREENING NOTIFICATION & AUTHORIZATION FORM

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for employment with Peoples Day Service.

**Applicant Information** *(Complete the following information as accurately as possible. Please Print)*

Last Name		First Name	Middle Name
Social Security Number	Date of Birth	Previous Names <i>(maiden/marriage, etc)</i> Date Changed:	
Driver's License Number	State of Issue	Date Changed:	

**Address History** *(List up to past 7 years beginning with your current address, include city, country, postal code and dates of residence.)*

Address #1			
Date From:		Date To:	
Street Address		City	State    Zip
Address #2			
Date From:		Date To:	
Street Address		City	State    Zip
Address #3			
Date From:		Date To:	
Street Address		City	State    Zip

**BACKGROUND SCREENING AUTHORIZATION**

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

**ELECTRONIC SIGNATURES**

I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_