

PDS APPLICATION CHECK LIST:

| |
|--|
| First Name: _____ Last Name: _____ |
| Cell Phone: _____ |
| E-mail: _____ |
| Address: _____ |
| _____ |

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 SERVICE, 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 | | | | TODAY'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"/> Day Program Direct Support | <input type="checkbox"/> HH / PCA Provider |
| <input type="checkbox"/> Respite Provider | <input type="checkbox"/> HR / Office Staff |
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME |
| RATE EXPECTED/HR: | WHEN CAN YOU START?: |
| Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you willing to use your personal vehicle for work and/or with clients? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| HOURS OF AVAILABILITY | | | | | | | |
|--------------------------|------|------|------|------|------|------|------|
| | SUN. | MON. | TUE. | WED. | THR. | FRI. | SAT. |
| 8AM- 3:30PM | | | | | | | |
| 3:30PM-11PM | | | | | | | |
| 11PM-8AM (Overnights) | | | | | | | |

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

PLEASE HAVE 3 REFERENCES FILL OUT THE ONLINE QUESTIONNAIRE BY SHARING THE WEB ADDRESS OR QR CODE WITH THEM
2 must be professional and not current PDS Employees or family members

USE THIS WEB ADDRESS OR SCAN QR CODE TO SHARE:

<https://bit.ly/PDSREFCHK>



!! Applicants will not be considered without complete references!!

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 organizations to provide relevant information and opinions 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. 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/First Aid? _____

Other? _____

People's Day Service

3155 Chambers Rd, Unit A
Aurora, CO 80011

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



People's Day Service

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 People's 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:** _____