



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Full Name (first, middle, and last)		Maiden Name (if applicable)	
Address	City	State	Zip
Phone Number	Email Address		
Are you legally eligible to be employed in the United States? <i>Proof of identity and eligibility will be required upon employment.</i>	☐ Yes ☐ No	Are you over the age of 18 years?	☐ Yes ☐ No
		Are you a Veteran?	☐ Yes ☐ No
If selected for employment are you willing to submit to a background check?		☐ Yes	☐ No
If selected for employment are you willing to submit to a drug test?		☐ Yes	☐ No
Have you been employed by Cheyenne Manor in the past?		☐ Yes	☐ No
If yes, where? _____		When? (Give dates) _____	
Are you currently employed?		☐ Yes	☐ No
		Job Title: _____	

POSITION

Position You Are Applying For	Available Start Date	Pay Desired \$
Employment Desired	☐ Full-Time	☐ Part-Time ☐ Seasonal/Temporary
If you selected Part-Time or Seasonal/Temporary, please list your availability below:		

EDUCATION

School Name	Location	Years Attended	Degree Received	Major
Special Certification	Type/Title	Date Obtained	Expiration Date	

REFERENCES (Business & Professional Only)

Name	Company	Phone	Email

EMPLOYMENT HISTORY

Most Recent Employer	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them? ☐ Yes ☐ No		
Employer 2	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them? ☐ Yes ☐ No		
Employer 3	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them? ☐ Yes ☐ No		
Employer 4	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State & Zip Code
May We Contact Them? ☐ Yes ☐ No		

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that my answers are true and completed to the best of my knowledge and ability.

I authorize investigation of all statements contained in this application for employment and understand that false or misleading information in my application or interview may result in discharged of employment.

I give Cheyenne Manor permission to complete background and reference checks.

Printed Name

Applicant Signature

Date

We are an Equal Opportunity Employer and committed to excellence through diversity.



Written Authorization to Request a CAPS Check

A check of the Colorado Adult Protective Services (APS) data system (CAPS) is required for you (Individual) because you are:

- A potential employee/contractor who will provide direct care to at-risk adults, or
- A person who may be appointed as a conservator or guardian of an at-risk adult.

An employer may also request a CAPS check for you if you provide direct care to an at-risk adult and you:

- Were hired/contracted prior to the CAPS check requirement (1/1/2019), or
- Are a volunteer, or
- Will provide services to a CDASS recipient

The CAPS check will alert the employer or court (agency) whether you have or have not been substantiated in an APS case of mistreating an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, exploitation, and/or harmful act.

More information on the CAPS check requirement can be found in Colorado Revised Statute (26-3.1-111, C.R.S.) and in the Colorado code of Regulations (12 CCR 2518-01).

Written authorization is required from the individual being checked, using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to 18-1.3-501, C.R.S.

☒ AGENCY INFORMATION (To be completed by the agency.)

Agency Name: _____

Agency Address: _____

☒ INDIVIDUAL'S INFORMATION (To be completed by the individual being checked.)

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name/Previous Name(s)/Alias: _____

Date of Birth: _____ SSN (Last 4 digits): _____ DORA License #: _____
(required for all licensed professionals)

Provide the Name(s) of Your Previous Employer(s) Over the Past Five (5) Years: _____

You must provide at least one (1) personal phone number and one (1) email address.

Personal Email Address: _____

Work Email Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone Extension: _____

All individuals are required to provide five (5) years of residential history, regardless of whether in the U.S. or abroad. If you lived outside the US in the past five (5) years, provide the international address(es), including the name of the city and country. If you have lived at your current address less than 5 years, please list your previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Current Address Start Date (DD/MM/YYYY): _____

Current Street and Number (No PO boxes): _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City & country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City & country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City & country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City & country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

I, _____, by my signature below, authorize the agency 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 or the court's hearing process and may be used to inform their decision. I acknowledge notification may occur through CAPS to this agency, for the duration of my employment, volunteer assignment, or authority as an appointed or potential conservator or guardian with them, of any future substantiated findings against me. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in §18-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

Signature: _____

Date: _____

CLEAR FORM

PRINT



COLORADO
Adult Protective Services
CAPS Check Unit

BACKGROUND CHECK AUTHORIZATION

APPLICANT Complete the following information as accurately as possible. (Please Print Clearly.)

Last: _____ First: _____ MI: _____
SSN*: _____ D.L. #: _____ State: _____
Birth date*: _____ Phone: _____
Professional License Type: _____ State: _____ Lic #: _____ Expiration Date: _____
Other/Previous names: _____ Date Changed: _____
(Attach additional sheet, if necessary) _____ Date Changed: _____

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. (Attach additional sheet, if necessary.)

1. Street _____ City: _____ State: _____ Zip: _____
County: _____ Dates: _____
2. Street _____ City: _____ State: _____ Zip: _____
County: _____ Dates: _____
3. Street _____ City: _____ State: _____ Zip: _____
County: _____ Dates: _____

Current Employer's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates - From: _____ to _____ Position: _____ Salary: _____

May we contact this employer? _____ Yes _____ No

Previous Employer's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Dates - From: _____ to _____ Position: _____ Salary: _____

Education / Institution Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name used while attending: _____ Student ID # (if known): _____

Dates of Attendance: _____ Date Degree Obtained: _____

Type of Degree Obtained: _____ Major: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by _____ (the "Company") at any time after receipt of this authorization and throughout my employment (or volunteer assignment(s)), as applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by TruDiligence, 3190 South Wadsworth Boulevard, #260, Lakewood, CO; Tel. No. #1.800.580.0474; www.trudiligence.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Minnesota applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature: _____

Date: _____

Printed Name: _____

SSN: _____

*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment — or to take another adverse action against you — must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection (OCCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357