



## Employment Application

How were you referred? ☐ Online ☐ Social media ☐ Employee If so, who \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

## References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO  
☐ ☐

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*By signing below, I am indicating my understanding that the use of illegal drugs is prohibited during employment and that I agree that it is my responsibility to read and abide by the policies and procedures outlined in Hover Senior Living Community Employee Handbook. I also agree that if required, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.*

*Hover Senior Living Community may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics which can involve person interviews with sources such as associates, friends or references. These reports may contain information about your criminal history, motor vehicle records, verification of education, verification of employment history or other background checks. I understand that Hover Senior Living Community may rely on this authorization to order additional consumer background reports, specifically criminal background checks and motor vehicle reports, throughout my employment without asking me for my authorization again. Yes ☐*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

# Employee Background Check Authorization

# Hover Community

APPLICANT'S NAME & CONTACT INFORMATION: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please Print

**APPLICANT DATA:** Courts and other entities require the following information when checking public records. It is confidential and used for identification only.

Legal Name as shown on the applicant's Social Security Card (Required)			
Last	First	Middle	SOCIAL SECURITY NUMBER
Former Names / Any other names used (Required)			
Last	First	Middle	DATE OF NAME CHANGE
Name as it appears on Driver's License (Required)			
Last	First	Middle	LICENSE OR ID NUMBER State of Issue
POSITION HELD Title	Department		DATE OF BIRTH

**APPLICANT RESIDENT HISTORY:** Provide addresses for the past 7 years, with current address first (include PO Box, Apt # etc.) then list the former addresses

Street	City	State	Zip Code	Years
Street	City	State	Zip Code	Years
Street	City	State	Zip Code	Years
Street	City	State	Zip Code	Years

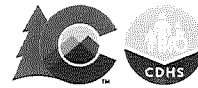
## DISCLOSURE, AUTHORIZATION AND CONSENT

As a matter of current policy, background check reports are obtained on current employees. This policy is a business necessity that protects everyone by helping to promote a safe and profitable workplace. All inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the Fair Credit Reporting Act (FCRA). The screening will be conducted by an outside agency-Employment Screening Resources. As a result, TriNet may obtain a Consumer Report and/or an Investigative Consumer report on you as an applicant or during employment.

1. **Consumer Report:** A Consumer Report consists of information deemed to have a bearing on a job performance, and may include information from public and private sources, public records, former employers, and references. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past address, Social Security number, previous employment, and personal references.
2. **Investigative Consumer Report:** A Consumer Report may also include reference checks from former employers or references provided by the employee. Any reference check is strictly limited to job related information. These are known as an "investigative consumer report". This type of report is legally defined as a report based upon interviews and may contain information relating to your character, general reputation, personal characteristics, or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report, you may contact TriNet or Employment screening Resources at 888-999-4474 or at 1620 Grant Ave. Suite 7, Novato, CA 94945.
3. **Notice to Applicants:** Under the Fair Credit Reporting Act, should an employer rely upon a consumer report for an adverse action, before taking that action you will be provided with a copy of the consumer report and a summary of your rights.
4. **California Applicants Only:** Any report concerning a consumer's character, general reputation, personal characteristics, or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: you have the right to inspect ESR's files during normal business hours and on a reasonable notice; the inspection may be in person, by having a copy of the file mailed to you, or by receiving a verbal summary by telephone if you provide proper identification and pay for any costs involved; you may be accompanied by one other person who must provide proper identification; and trained ESR personnel will explain any of the information in the report and will provide written explanation for any coded information.
5. **California, Minnesota and Oklahoma Applicants Only:** if you want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on you that is requested, check here. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby consent and authorize TriNet and/or Employment Screening Resources (ESR) on the employer's behalf, to prepare a report as defined above for employment purposes before employment or any time after employment. I authorize and release individuals, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, to provide all information that is requested to the employer or ESR. I also agree that the report may be released to the employer where I perform my work. I agree that a copy or fax of this document shall be valid as an original and I certify that the facts and information on the form and in my resume and/or application are true and correct.

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



## 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.



I understand that part of the hiring process is for Hover Senior Living Community to obtain three professional reference checks from past places of employment.

My signature below authorizes my former or current employers and references to release information regarding my employment with their organization and to provide all pertinent employment information to Hover Senior Living Community.

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Applicant Printed Name

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Applicant Signature

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Date



Main Line 303.772.9292



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[www.Hovercommunity.org](http://www.Hovercommunity.org)