



Host Home Provider Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street address

City State Zip Code

Phone: _____ Email: _____

Birth Date: _____ Social Security No: _____ Position: _____

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 _____

Colorado Adult Protective Services

The State of Colorado requires all agencies to complete a CAPS (Colorado Adult Protective Services) check. The CAPS check will notify the agency of any substantiated finding as a perpetrator of mistreatment of an at-risk adult, to include physical abuse, sexual abuse, caretaker neglect, and/or exploitation. Omission of pertinent facts, and/or inclusion of misleading facts may result in disqualification. **ALL APPLICATIONS ARE REQUIRED TO HAVE 5 YEARS OF RESIDENTIAL HISTORY** (Please list below – include the date you moved in and the date you moved in):

Current Address: _____ Date: _____

Previous Address: _____ Date: _____

SETTING UP PROVIDER PROFILE

Address: _____
Street address

_____ City State Zip Code

Major Cross Street of home: _____

Type of Home: _____ Home Apartment

Where is the available bedroom(s) located? _____

What is within walking distance of the home? _____

Pets in the home: Yes No If yes (pets): _____ Any Smoker(s) in the house: Yes No

Family activities _____

What food we like to eat: _____

Language spoken: _____ Religious affiliation: _____

Work/ Caring Experience:

SETTING UP PROVIDER PROFILE

Personal References:

Name: _____

Address: _____

Street address

City

State

Zip

Code

Contact Number: _____

Name: _____

Address: _____

Street address

City

State

Zip

Code

Contact Number: _____

Name: _____

Address: _____

Street address

City

State

Zip

Code

Contact Number: _____

Compatibility preference: Of the behaviors listed below, select all that you would be willing to work with.

Male Female Smoker Wheel chair Physical Aggression

Elopement Theft Verbal Aggression Property Destruction

Sexual Behaviors Shower assistance Have Pets

Is there a particular individual for whom you are interested in providing services?

Is your house wheel chair accessible?

Yes No

If so, what accessible equipment available

Disclaimer

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: _____