



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: _____

Previous Address: _____ Date: _____

Previous 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: _____