



Definition of Culture Change: Nothing About Us, Without Us

Culture Change is a movement away from the traditional institutional care where staff dictates the resident's care and activity based on the convenience of staff scheduling to a Resident centered service where staff are scheduled around the individuals preferred routine. We integrate children, plants, and animals into the daily lives of our seniors so they may benefit from their energy source to improve moods, give access to meaningful activity, and something they can give love to and receive love from.

Est. 1/2012



Hover Community Senior Living
 1380 Charles Drive, Longmont CO 80503
 P: (303) 776-9292 | F: (303) 651-7279

JOB APPLICATION

We are an equal opportunity employer. We do not discriminate and will take affirmative action to ensure against discrimination in employment, and our hiring practices on the basis of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

PERSONAL INFORMATION

Last		First		MI		Gender <input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	
DOB ___/___/___		18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone (___) ___ - ___		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other:	
Street Address				City		ST	Zip
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				SSN# ___ - ___ - ___			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, please explain:			
Hover Community is a Tobacco/Marijuana free community. Do you use any form of Tobacco, Marijuana, e-cigarettes or Vaping? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What position(s) are you applying for?						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Expected Hourly Rate		Expected Weekly Earnings			Date Available ___/___/___		

PRIOR WORK EXPERIENCE

Current or Most Recent

Employer		Position / Job Title					
Immediate Supervisor		Phone (___) ___ - ___		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address				City		ST	Zip
Dates of Employment ___/___ to ___/___		<input type="checkbox"/> Current		Reason for Leaving		Pay	

Prior Employment

Employer		Position / Job Title					
Immediate Supervisor		Phone (___) ___ - ___		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address				City		ST	Zip
Dates of Employment ___/___ to ___/___				Reason for Leaving		Pay	

Prior Employment

Employer		Position / Job Title					
Immediate Supervisor		Phone (___) ___ - ___		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address				City		ST	Zip
Dates of Employment ___/___ to ___/___				Reason for Leaving		Pay	

EDUCATION

Highest level of education completed <input type="checkbox"/> Some High school, no degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Associates Degree / Trade School <input type="checkbox"/> Bachelor's Degree or higher				
Name of School		Location	Degree	Major
List any applicable special skills, training, or abilities				

PROFESSIONAL REFERENCES

Name	Job Title	Company		Phone (___) ___ - ___	
Email			Relationship		
Name	Job Title	Company		Phone (___) ___ - ___	
Email			Relationship		
Name	Job Title	Company		Phone (___) ___ - ___	
Email			Relationship		



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APPLICATION STATEMENT

I certify that all information I have provided in order to apply for and secure work with Hover Community is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) Cancel further consideration of this application, or (2) immediately discharge me from Hover Community's service, whenever it is discovered.

I expressly authorize, without reservation, Hover Community, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Hover Community, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand the Hover Community does not unlawfully discriminate in employment and no question on this application is used to the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Hover Community and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Hover Community reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language and valid unless they are in writing and signed by the Hover Community's CEO.

Also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant

Date

Written Authorization to Request a CAPS Check



COLORADO
Adult Protective Services
CAPS Check Unit

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).

Written authorization from the applicant/employee using this form is required per APS regulations (12 CCR 2518-1). Please complete this entire form. It is recommended that you and the employer keep a copy of this form for your records.

■ EMPLOYER INFORMATION

Employer Name: _____

CAPS Check Employer ID # (XXX-#####): _____

■ REQUESTOR INFORMATION

Requestor Name: _____ Requestor Title: _____

Requestor Phone Number: _____ Requestor Phone Extension: _____

Requestor Email: _____

■ APPLICANT/EMPLOYEE INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

SSN (Last 4 digits): _____ Maiden Name/Previous Name(s)/Alias(es): _____

DORA License # _____

GENDER:

- Woman
- Man
- Transgender (Identifies as Woman)
- Transgender (Identifies as Man)
- Unknown

RACE/ETHNICITY (Check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian National & Pacific Islander
- Hispanic or Latino
- Middle Eastern or North African
- White

Home Phone (Including Area Code): _____

Cell/Mobile Phone (Including Area Code): _____

Work Phone (Including Area Code): _____ Work Phone Extension: _____

Home Email: _____ Work Email: _____

Current Address Street: _____

Current Address City: _____ Current State: _____

Current Zip/Postal Code: _____ Current Address Start Date: _____

All Applicants/Employees are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Address (street number, street, unit, city, state, zip): _____

Address Start and End Dates: _____

Previous Employer(s) Agency Name(s): _____

By my signature, below, I attest that all information provided in this written authorization is true and complete. My signature authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an APS case as a perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowledge that the information resulting from such a check will be shared directly with the employer who may use the results to inform their hiring decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer of any future substantiated findings as long as I am employed by this agency.

Signature: _____

Date: _____



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**EMPLOYEE BACKGROUND
 CHECK AUTHORIZATION**

EMPLOYEE BACKGROUND CHECK AUTHORIZATION

APPLICANT'S NAME & CONTACT INFORMATION

Last	First	Middle	Phone (____) ____ - ____
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APPLICANT'S DATA

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

LEGAL NAME as shown on the applicant's Social Security Card (Required)			SSN# ____-____-____
Last	First	Middle	
FORMER NAMES as shown on the applicant's Social Security Card (Required)			Date of Name Change __ / __ / ____
Last	First	Middle	
NAME as it appears on driver's license (required)			License or ID Number: State of Issue:
Last	First	Middle	

APPLICANT RESIDENCE HISTORY

Provide Addresses for the past 7 years, with current address first (include PO Box, APT #, etc), then list former addresses

Street Address	City	ST	Zip	Years
Street Address	City	ST	Zip	Years
Street Address	City	ST	Zip	Years
Street Address	City	ST	Zip	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 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 addresses, 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 that 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 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.

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 anytime 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



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.

Name

Signature

Date

Please email completed application to mwhite@hovercommunity.org

Or

SUBMIT