



Host Home Provider Employment Application

Applicant Information

Full Name: _____ Date: _____

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: _____

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: _____

Personal References

1. Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
2. Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
3. Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Compatibility Preference

- 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?

Wheel chair accessible? Yes No

If so, what is the 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, false information may result in termination.

Signature: _____ Date: _____