

Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

Applicant Data

How were you referred to us:

Position Applied For:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

Email:

Date Available to Start:

Social Security Number:

Salary Requirements:

If you are under 18 years of age, can you provide a work permit?

Yes

No

If no, please explain:

Have you ever worked for this company?

Yes

No

If yes, when:

Are you legally allowed to work in the United States?

Yes

No

Type of employment desired:

Any

Full-Time

Part-Time

Temporary

Seasonal

Contract

Have you ever pleaded guilty, no contest, or been convicted of a crime?

Yes

No

If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License Number (if applicable to position):

State:

Education History

Name & Location of High School:

Did you graduate?

Name & Location of College:

Years Attended:

Degrees Completed:

Other Subjects Studied:

Trade, Business, or Correspondence School:

Years Attended:

Subjects Studied:

Did you graduate?

Summarize Your Special Skills or Qualifications

Page 2, Employment Application of _____

Previous Employment (begin with most recent)

Dates of Employment:	From ____/____/____	To ____/____/____	Position(s) Held:	_____
Company Name:	Address:			_____
City:	State:		Zip:	
Phone:	Supervisor:		Title:	
Responsibilities:				
Starting Salary & Title:		Ending Salary & Title:		
Reason for Leaving:				
May we contact this employer for a reference?		Yes	No	

Dates of Employment:	From ____/____/____	To ____/____/____	Position(s) Held:	_____
Company Name:	Address:			_____
City:	State:		Zip:	
Phone:	Supervisor:		Title:	
Responsibilities:				
Starting Salary & Title:		Ending Salary & Title:		
Reason for Leaving:				
May we contact this employer for a reference?		Yes	No	

Dates of Employment:	From ____/____/____	To ____/____/____	Position(s) Held:	_____
Company Name:	Address:			_____
City:	State:		Zip:	
Phone:	Supervisor:		Title:	
Responsibilities:				
Starting Salary & Title:		Ending Salary & Title:		
Reason for Leaving:				
May we contact this employer for a reference?		Yes	No	

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____

Date: _____

CAPS Check Request Form



COLORADO
Adult Protective Services
CAPS Check Unit

Certain employers are required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) during the hiring process of new employees who provide direct care to at-risk adults. Additionally, these employers have statutory authority to request a CAPS check for current employees and volunteers. The CAPS check will alert the employer as to whether or not a prospective or current employee or volunteer has a substantiated finding as a perpetrator of mistreatment of 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 the Colorado Revised Statutes (C.R.S.) under §26-3.1-111 and in the Colorado Code of Regulations (CCR) under 12 CCR 2518-01. Please complete the form in its entirety.

Incomplete or unsigned requests AND/OR requests without full payment of the fee will not be processed and will be returned. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Payment must be made with a check or money order for \$9.00 per employee payable to CAPS Check Unit. Please note: Cash payments will not be accepted and the request will be returned.

Mail your completed request to:
Colorado Department of Human Services
Division of Aging and Adult Services
CAPS Check Unit
1575 Sherman St., 10th Floor
Denver, CO 80203

■ EMPLOYER INFORMATION

Employer Name: **Allevia Home Care, LLC**

CAPS Check Employer ID # (XXX-#####): **ALH-0000015913**

■ REQUESTOR INFORMATION

Requestor Name: **Galina Kentera** Requestor Title: **Owner**

Requestor Phone Number: **720-500-4444** Requestor Email: **alleviahomecare@gmail.com**

■ APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION

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: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER CONTACT INFORMATION

Must provide at least one (1) personal phone number and one (1) email address.

Employee's Personal Email Address: _____

Employee's Work Email Address: _____

Employee's Cell Phone: _____ Employee's Home Phone: _____

Employee's Work Phone: _____ Employee's Work Phone Extension: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER CURRENT ADDRESS

Current Address Start Date (DD/MM/YYYY): _____

Current Street and Number (No PO boxes): _____

Current Address City: _____ Current State: _____ Current Zip/Postal Code: _____

■ APPLICANT/EMPLOYEE/VOLUNTEER PREVIOUS ADDRESS HISTORY

All applicants, employees, and volunteers 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 listed less than 5 years at the applicant's current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

Previous Address Start Date (DD/MM/YYYY): _____ Previous Address End Date (DD/MM/YYYY): _____

Previous Street and Number (No PO boxes): _____

Previous City (City and country for international addresses): _____

Previous State (Not required for international addresses): _____ Previous Zip Code (Use "00000" for international addresses): _____

By my signature, below, I attest that I have received a signed written authorization from the employee/applicant/volunteer to conduct this CAPS Check. My signature also confirms that I acknowledge that this request will flag this employee/applicant/volunteer for any future substantiated findings, and if the employee/applicant/volunteer is still employed by me or my agency at that time, notification of the substantiated finding(s) will be provided to me or my agency. I affirm that I am authorized by Section 26-3.1-111(7), C.R.S. to request this CAPS check. I understand that willfully providing false information on this form is a misdemeanor 1 penalty, punishable as outlined in §18-1.3-501, C.R.S. I declare under penalty of perjury under Colorado Law that this CAPS Check Request Form, including supporting documents, has been examined by me and is true, correct, and complete.

CLEAR FORM

PRINT

Signature: _____

Date: _____



COLORADO
Adult Protective Services
CAPS Check Unit



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Allevia Home Care, LLC

BACKGROUND CHECK DISCLOSURE / RELEASE / AUTHORIZATION

By providing this document, Allevia Home Care, LLC is disclosing to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check, and at any time during your employment or affiliation with the agency.

Your signature below shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file, and shall serve as an ongoing authorization for the named employer or its associates to procure consumer reports at any time during your affiliation or employment period.

1. I authorize the procurement of an investigative consumer report, and I understand that it may contain information about my employment and educational background, criminal history, credit, worker's compensation claims, mode of living, character, and personal reputation. I also understand that you may make use of the internet, including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation, upon written request within a reasonable amount of time, and to obtain a copy of the report upon request. This authorization, in original or photocopy form, shall be valid for this and any future reports or updates that may be requested.
2. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city/county/state/federal courts, state motor vehicle bureaus, and/or persons to release information about me to the person or company with which this form has been filed, or their designated agent.
3. I further authorize Allevia Home Care, LLC to secure an investigative consumer report at any time, and any number of times, before, during, and after my employment, if in the company's (or its designees') discretion, and it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring, or furnishing the requested information, except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information, or credit report pertaining to me in the files of any state or local criminal justice agency.

My signature below also indicates that I understand that Allevia Home Care, LLC participates in E-Verify, and will make use of this process to verify my citizenship/residency status, and my right to work in the United States. I also verify that I have received a Summary of Rights, in accordance with the Fair Credit Reporting Act.

Applicant Signature: _____

Print Name: _____

Date: _____

