



## JOB APPLICATION CAREGIVER

### Applicant Information

Full Name : \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Address : \_\_\_\_\_  
Street Address Apartment/Unit#

Phone : \_\_\_\_\_ Email \_\_\_\_\_

Date available to start: \_\_\_\_\_

Are you authorized to work in the U.S. ?  Yes  No

Are you 21 Years old or older ?  Yes  No

Have you ever been convicted of a felony ?  Yes  No

If yes, please explain : \_\_\_\_\_

### Education

High School : \_\_\_\_\_ Address : \_\_\_\_\_

Diploma : ?  Yes  No GED :  Yes  No

College : \_\_\_\_\_ Address : \_\_\_\_\_

Did you graduate :  Yes  No Degree : \_\_\_\_\_

Other relevant degree/Certification : \_\_\_\_\_

## References

Please list three personal or professional references (Must have at least 1 Professional reference).

Full Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Company : \_\_\_\_\_ Phone : \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Company : \_\_\_\_\_ Phone : \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Company : \_\_\_\_\_ Phone : \_\_\_\_\_

## Employment History

Company 1: \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_ Supervisor : \_\_\_\_\_

Job Title : \_\_\_\_\_

From : \_\_\_\_\_ To : \_\_\_\_\_

Yes No

May we contact your previous employer for a reference ?

Company 2: \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_ Supervisor : \_\_\_\_\_

Job Title : \_\_\_\_\_

From : \_\_\_\_\_ To : \_\_\_\_\_

Yes No

May we contact your previous employer for a reference ?

Company 3: \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_ Supervisor : \_\_\_\_\_

Job Title : \_\_\_\_\_

From : \_\_\_\_\_ To : \_\_\_\_\_

Yes No

May we contact your previous employer for a reference ?

## Personal information

Do you have a valid Colorado Driver's License?  Yes  No

Do you have any limitations that would prevent you from driving a vehicle?  Yes  No

If yes explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will allow Oasis Aid llc to conduct a background on me.  Yes  No

I will allow Oasis Aid llc to conduct a motor vehicle record check on me  Yes  No

Do you have any lifting limitation  Yes  No

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have experience supporting individuals with the following needs(check all that apply) :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Uses a case or walker | <input type="checkbox"/> Assistance with transferring | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Uses a wheelchair     | <input type="checkbox"/> Visually impaired            | <input type="checkbox"/> Non-verbal       |
| <input type="checkbox"/> Behavioral challenges | <input type="checkbox"/> Diabetic/Dietary             | <input type="checkbox"/> Toileting needs  |

I can, or I am willing to learn how to support persons with the following needs(Check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Uses a case or walker | <input type="checkbox"/> Assistance with transferring | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Uses a wheelchair     | <input type="checkbox"/> Visually impaired            | <input type="checkbox"/> Non-verbal       |
| <input type="checkbox"/> Behavioral challenges | <input type="checkbox"/> Diabetic/Dietary             | <input type="checkbox"/> Toileting needs  |

Have you ever been involved in an incident involving mistreatment(abuse, neglect or exploitation) of a child, elder, person with an intellectual and developmental disability or any individual at risk (We will run background check on this)?

If Yes, please explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize any special training, skills, licenses and/or certificates that may help you to meet the requirement for this position. Examples include : CPR/First Aid, QMAP, CNA,LPN, languages you speak, computer skills, etc.) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain any background or experience(family, relative, volunteer, school, community, work, other) you have working with person with intellectual and developmental disabilities:

---

---

---

---

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements in this application.

If this application leads to independent contractor status, I understand that false or misleading information in my application or interview may result in the termination of the contact

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



## Written Authorization to Request a CAPS Check

A check of the Colorado Adult Protective Services (APS) data system (CAPS) is required for you (individual) because you are:

- A potential employee/contractor who will provide direct care to at-risk adults, or
- A person who may be appointed as a conservator or guardian of an at-risk adult.

An employer may also request a CAPS check for you if you provide direct care to an at-risk adult and you:

- Were hired/contracted prior to the CAPS check requirement (1/1/2019), or
- Are a volunteer, or
- Will provide services to a CDASS recipient

The CAPS check will alert the employer or court (agency) whether you have or have not been substantiated in an APS case of mistreating 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 Colorado Revised Statute (26-3.1-111, C.R.S.) and in the Colorado code of Regulations (12 CCR 2518-01).

Written authorization is required from the individual being checked, using this form. Please complete this form in its entirety. Knowingly providing inaccurate information on a CAPS check request is a class 1 misdemeanor pursuant to 18-1.3-501, C.R.S.

### ■ AGENCY INFORMATION (To be completed by the agency.)

Agency Name: Oasis Aid LLC

Agency Address: 1845 S Yampa Way Aurora CO 80017

### ■ INDIVIDUAL'S INFORMATION (To be completed by the individual being checked.)

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: \_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone Extension: \_\_\_\_\_

All individuals 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 have lived at your current address less than 5 years, please list your previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Current Address Start Date (DD/MM/YYYY): \_\_\_\_\_

Current Street and Number (No PO boxes): \_\_\_\_\_

Current Address City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip/Postal Code: \_\_\_\_\_

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

Previous Street and Number (No PO boxes): \_\_\_\_\_

Previous City (City & 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 & 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 & 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 & country for international addresses): \_\_\_\_\_

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

I, \_\_\_\_\_, by my signature below, authorize the agency referenced above to request a CAPS check to determine if I have a substantiated finding as a perpetrator of mistreatment of an at-risk adult. I acknowledge that a substantiated finding resulting from such a check, unless the finding was expunged through a successful appeal, shall be provided to the person directly involved in the employer's hiring process or the court's hearing process and may be used to inform their decision. I acknowledge notification may occur through CAPS to this agency, for the duration of my employment, volunteer assignment, or authority as an appointed or potential conservator or guardian with them, of any future substantiated findings against me. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CLEAR FORM

PRINT



**COLORADO**  
Adult Protective Services  
CAPS Check Unit