

OVERTURE APPLICATION FOR INDEPENDENT CONTRACTORS / HOST HOME PROVIDER

PERSONAL INFORMATION

Name:	Phone: (H)
Address:	Phone: (W)
	Phone: (C)
	Email:

EDUCATION

College:	City & State:	Dates of Attendance:
Major(s):	Degree:	Date of Degree:
Additional Education or Qualifications (seminars, certifications):		
High School:	City & State:	Date of Graduation:

WORK HISTORY

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	Can we contact this person? _____ Yes _____ No
Reason for Leaving:	
Reviewed By: _____ Date: _____	

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Reviewed By: _____ Date: _____	

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Reviewed By: _____ Date: _____	

PERSONAL REFERENCES

Please list persons who have direct knowledge of your work experience (Professionals,
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Instructors, Business partners, Clients). You may list one peer.	
Name:	Phone:
Job Title/Yrs Known:	E-Mail:
Name:	Phone:
Job Title/Yrs Known:	E-Mail:
Name:	Phone:
Job Title/Yrs Known:	E-Mail:

JOB SPECIFIC INFORMATION

Why do you feel that you would be a good addition to the Overture Program?:
Stability and consistency are very important to our residents. Please list some reasons why we could count on you for a least a year:
Please List other obligations (i.e. jobs, family commitments) you plan to continue during your contract:
Why do you think your lifestyle would be conducive to a Host Home environment?
Host Home Provision is an around-the-clock endeavor. Please list your plans to get necessary respite, time off, and how you will be “taking care of yourself.”
What persons other than you and the person in services will be residing in the home?:
Have you ever been investigated for a M.A.N.E. allegation?
Have you ever been convicted of a crime? If yes, please explain the crime in full. Include an explanation for the final outcome. We do conduct criminal background checks.
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION COULD LEAD TO TERMINATION AND I RELEASE THE AGENCY, REFERENCES AND PREVIOUS EMPLOYERS FROM LIABILITY IN REGARD TO THIS APPLICATION. I ALSO AUTHORIZE OVERTURE TO RUN BACKGROUND CHECKS, VERIFY COLLEGE DEGREES, CONTACT REFERENCES, AND OTHER INFORMATION PERTAINING TO THIS APPLICATION.
FURTHER, I UNDERSTAND THAT ANYONE WHO WILL BE DOING BACK UP IS SUBJECT TO OVERTURE RULES AND STATE REGULATIONS REGARDING HIRING AND TRAINING. FAILURE OF BACK UP PROVIDERS TO MEET OUR STANDARDS COULD DISQUALIFY THEM FROM PROVIDING SERVICES.

SIGNATURE _____

DATE: _____

Host Home Provider/Independent Contractor Personal Profile

In order to help us determine the compatibility of potential Host Home Provider and people we serve, please answer the following questions so that we can learn more about you and your home.

Name:	Phone:
Address:	County:
E-mail:	How you heard about Overture/Referred by:

PERSONAL INFORMATION

Please provide your experience working with people with intellectual and/or developmental disabilities.

Why are you interested in living with a person with intellectual and/or developmental disabilities?

Please describe your typical daily routine (e.g. 7am-Wake up; 9am-Kids to school; 6pm-Dinner time, etc.)

What are your expectations from having a person with a disability living in your home?

Is there anything you are uncomfortable doing?

Do you have any limitations on transportation or availability?(e.g. Day Program, social events, personal preferred activities, etc.)

Do you have another job? If so, what is it and what is your typical schedule/hours?

What do you consider to be your strengths and weaknesses?

Please list your interests/hobbies.

How many people live in your home? Please include any individuals in services currently in your home.

Name:

Relationship to you:

Age:

(Anyone over the age of 18 that lives in your home will need to fill out a background check form)

Do you have any pets? Yes No

If yes, what kind?

Do you have CPR/First Aid, Medication Administration, or any other training required to be a provider?

PHYSICAL SETTING

Please describe your home:

Ranch style Two Story Multi Level Apartment Other _____

Is there an available Bedroom and bathroom on the main floor?

Yes No

Is your home wheelchair accessible? Yes No

Are there any steps to get into your home? Yes No

If yes, how many?

If yes, could a ramp be installed? Yes No

Are there stairs inside your home? Yes No

If yes, could a ramp be installed? Yes No

How many extra bedrooms?

How many bathrooms?

Describe your kitchen:

Describe your laundry room:

What is the yard like?

Does your home have fire extinguishers , smoke detectors, and CO2 detectors? Yes No

Do you Rent Own your home? If you rent your home, when is your lease up?

Do you have homeowners/renter's insurance? Yes No

If no, you will need to get it. We will need a copy of it.

COMMUNITY ACCESS

Please indicate how you access the community:

Car RTD Taxi Friends Other:

Do you own a car? Yes No

If yes, please list the primary vehicle used for transporting yourself and the people in your home:

Make: Model: Year:

Do you have auto insurance? Yes No

If yes, please provide a copy of the policy. If no, you will either need to get it or you will need to sign a waiver stating that you will never transport the people we serve.

How close to public transportation are you?

What bus lines are close to your home?

Please provide a description of what types of community resources are within a 5 mile radius of your home. (Malls, stores, movie theaters, churches, recreational facilities, etc.)

PREFERENCES

What are you looking for in the person who would live in your home?

Age:

Sex:

Personality:

Skill Level:

Abilities:

Other:

Would you consider a person with physical or behavioral challenges? Please explain:

What is your desired monthly compensation level?

How do you prefer to be contacted? (if you don't have a preference, check all that apply)

E-Mail Cell Phone Home Phone

Do you have a working computer that you are comfortable using?

(You will need to be available via both e-mail and phone as Overture will be contacting you frequently and sends/receives documents easiest through e-mail)

Other comments:



Motor Vehicle and Criminal History Check

Personal Information

First Name:	Middle Name:	Last Name:
Maiden Name/Other Names Used:		Date Last Used:
Email Address:		
Social Security Number: -- --	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number:	State:	

All addresses for the last SEVEN years: (List addresses beginning with the most recent)

1.	Street	City	County	State	Zip	Years: From-To
2.	Street	City	County	State	Zip	Years: From-To
3.	Street	City	County	State	Zip	Years: From-To
4.	Street	City	County	State	Zip	Years: From-To
5.	Street	City	County	State	Zip	Years: From-To

Please present Driver's License and Social Security Card to HR upon submittal.



Authorization to Release Information and Records

I, _____ ('APPLICANT') understand that OVERTURE will use ADP, to obtain one or more consumer reports and/or investigative consumer reports ("Report") as part of the hiring or acceptance process. I also understand that if hired or accepted, to the extent permitted by law, OVERTURE may obtain further Reports from ADP so as to update, renew or extend my employment or contract. I authorize all persons who may have information relevant to this investigation to disclose it to ADP and/or their agent. I release and agree to hold harmless all persons providing such information to ADP, its officers, directors, employees and agents from liability on account of such disclosure. I also release and discharge ADP and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand ADP's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to ADP, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if OVERTURE makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify OVERTURE within five business days of my receipt of the Report that I am challenging the accuracy of such information with ADP. I hereby consent to this investigation and authorize ADP to procure a Report on my background. In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons. Additionally, I make this authorization to be valid for as long as I am an applicant, employee, or contractor with OVERTURE.

The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

ADP | 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800- 367-5933 or online at www.adpselect.com

By signing below, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, and any related state summary of rights.

Applicant Signature: _____ **Date:** _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure

As an applicant for employment, Independent Contactor or a current employee of **Overture** you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, **Overture** may choose to obtain and use information contained in either a consumer report or and investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision whether to offer you a contract or employment, (3) when deciding whether to continue your Independent Contract or continue your employment (if you are hired), or (4) when making other contract-related or employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports for others, such as **Overture**.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment or contract purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the employer. You may request, in writing within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I, _____, hereby voluntarily authorize **Overture** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my contract eligibility or employment at **Overture**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date

OVERTURE - STATEMENT OF CONFIDENTIALITY

It is the nature of our program that there is a constant flow of personal, confidential information pertaining to the people receiving services at Overture. This information needs to be passed to providers so that they can be better equipped to serve that individual. With this knowledge, we have a great responsibility to respect and maintain confidentiality about these personal matters.

Information should be shared only with people who are directly involved with the person receiving services. This includes the Interdisciplinary Team, health care professionals, and the day program employees serving this person. To share the information with others may violate confidentiality.

For those providers who are working on an internship or education, and may wish to use their experiences in this work as part of a curriculum for a college degree must approve this with administrators and:

- a. Use an alias or made up name for the client
- b. NEVER disclose addresses, phone numbers, or family member's names
- c. ALWAYS avoid using a person's full name in any situation outside the immediate circle of providers.

People with developmental disabilities may not have the skill or intellectual capacity to defend themselves if they do not agree with or believe what is said about them. They cannot rely on providers to defend them since they, too, may be incorrect or biased about the information they are giving. It is a very complicated issue, so please be sensitive to anything that can undermine hard-earned dignity for the people receiving services at Overture.

I have read, understand, and have had any questions regarding the above information answered.

Signature

Date