

OVERTURE APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

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

EDUCATION

College:	City & State:	
Major(s):	Degree:	
Additional Education or Qualifications (seminars, certifications):		
High School:	City & State:	

Work History (most recent first)

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	Can we contact this person? Y N
Reason for Leaving:	

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	May we contact? Y N
Reason for Leaving:	

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	May we Contact? Y N
Reason for Leaving:	

PROFESSIONAL REFERENCES

Please list persons who have direct knowledge of your work experience (Professionals, Instructors, Business partners, Clients):

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?

Do you have any experience with adults with intellectual and developmental disabilities?

At times, you will be required to work outside of “normal” business hours. Will this present any problems?

We require reliable transportation. Do you have a reliable vehicle?

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.

SIGNATURE _____

DATE: _____



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:** _____

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

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

Affirmative Action: Voluntary Self Identification Form

Overture is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

If you wish to volunteer this information, please complete the questions below. Thank you for your cooperation.

Section 1: General Applicant Information

Name:	Date:	Position Applied For:
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Section 2: Please check all that apply (See reverse for definitions)

Gender:

- Male Female I do not wish to self-identify

Race or Ethnic Identity:

- Hispanic or Latino
 White (not Hispanic or Latino)
 Black or African American (not Hispanic or Latino)
 Native Hawaiian or Pacific Islander (not Hispanic or Latino)
 Asian (not Hispanic or Latino)
 American Indian or Alaskan Native (not Hispanic or Latino)
 Two or More Races (not Hispanic or Latino)
 I do not wish to self-identify

Veteran or Disability Status:

- Vietnam Era Veteran
 Disabled Veteran
 Special Disabled Veteran
 Other Protected Veteran
 Recently Separated Veteran
 Armed Forces Service Medal Veterans
 Individual with Disabilities
 I am not a Veteran nor an Individual with Disabilities
 I do not wish to self-identify

Signature: _____

Date: _____

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)—All persons who identify with more than one of the above five races.

Individual with Disabilities--Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era—Defined as (a) an active duty wartime or campaign badge veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. (b) an Armed Forces service medal veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

Disabled Veteran—Defined as (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran—Defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability: Rated at 30 percent or more; or rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or a person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam Era—Defined as a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases; or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases.

Recently Separated Veteran—Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Pre-JVA Veteran—Defined as an individual who is an employee of or applicant to a contractor with a contract of \$25,000 or more entered into prior to December 1, 2003 and unmodified since to \$100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Armed Forces Service Medal Veteran—Defined as any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty or Wartime Campaign Badge Veteran—Defined as a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.