

## OVERTURE APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

<b>Name:</b>	<b>Phone: (H)</b>
<b>Address:</b>	<b>Phone: (W)</b>
	<b>Phone: (C)</b>
	<b>Email:</b>

### EDUCATION

<b>College:</b>	<b>City &amp; State:</b>	
<b>Major(s):</b>	<b>Degree:</b>	
<b>Additional Education or Qualifications (seminars, certifications):</b>		
<b>High School:</b>	<b>City &amp; State:</b>	

### WORK HISTORY (most recent first)

<b>Employer:</b>	<b>Phone:</b>
<b>Address:</b>	<b>City &amp; State:</b>
<b>Dates of Employment:</b>	<b>Supervisor:</b>
<b>Job Title or Responsibilities:</b>	<b>Can we contact this person?</b> Y      N
<b>Reason for Leaving:</b>	
<b>Employer:</b>	<b>Phone:</b>
<b>Address:</b>	<b>City &amp; State:</b>
<b>Dates of Employment:</b>	<b>Supervisor:</b>
<b>Job Title or Responsibilities:</b>	<b>May we contact? Y      N</b>
<b>Reason for Leaving:</b>	
<b>Employer:</b>	<b>Phone:</b>
<b>Address:</b>	<b>City &amp; State:</b>
<b>Dates of Employment:</b>	<b>Supervisor:</b>
<b>Job Title or Responsibilities:</b>	<b>May we Contact? Y      N</b>

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**

**Position applied for:**

**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.**

**Have you ever been convicted of Mistreatment, Abuse, Neglect, or Exploitation of a person with intellectual and developmental disabilities? If yes, please explain.**

*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 regarding 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
Driver's 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.**

# Written Authorization to Request a CAPS Check



**COLORADO**  
Adult Protective Services  
CAPS Check Unit

Pursuant to §26-3.1-111, C.R.S., certain employers named in the statute are required to request a check of the Colorado Adult Protective Services (APS) data system (CAPS) prior to hiring a new employee who will be providing direct care to at-risk adults. These employers are also authorized by statute, though not required, to request a CAPS check for current employees. The CAPS check will alert the employer as to whether or not a prospective or current employee has been substantiated as a perpetrator of physical abuse, sexual abuse,

caretaker neglect, and/or exploitation of an at-risk adult. More information on the CAPS check requirement can be found in Title 26, Article 3.1 of the Colorado Revised Statutes (C.R.S.) and 12 CCR 2518-01 of the Colorado Code of Regulations (CCR).

Written authorization from the applicant/employee using this form is required per APS regulations (12 CCR 2518-1). Please complete this entire form. It is recommended that you and the employer keep a copy of this form for your records.

## ■ EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_

CAPS Check Employer ID # (XXX-#####): \_\_\_\_\_

## ■ REQUESTOR INFORMATION

Requestor Name: \_\_\_\_\_ Requestor Title: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_ Requestor Phone Extension: \_\_\_\_\_

Requestor Email: \_\_\_\_\_

## ■ APPLICANT/EMPLOYEE INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN (Last 4 digits): \_\_\_\_\_ Maiden Name/Previous Name(s)/Alias(es): \_\_\_\_\_

DORA License # \_\_\_\_\_

### GENDER:

- Woman
- Man
- Transgender (Identifies as Woman)
- Transgender (Identifies as Man)
- Unknown

### RACE/ETHNICITY (Check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian National & Pacific Islander
- Hispanic or Latino
- Middle Eastern or North African
- White

Home Phone (Including Area Code): \_\_\_\_\_

Cell/Mobile Phone (Including Area Code): \_\_\_\_\_

Work Phone (Including Area Code): \_\_\_\_\_ Work Phone Extension: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Current Address Street: \_\_\_\_\_

Current Address City: \_\_\_\_\_ Current State: \_\_\_\_\_

Current Zip/Postal Code: \_\_\_\_\_ Current Address Start Date: \_\_\_\_\_

All Applicants/Employees are required to have 5 years of residential history provided. If the individual listed above has less than 5 years at their current address, please list the previous addresses for the past 5 years. Use another sheet of paper, if necessary.

Previous Address (street number, street, unit, city, state, zip): \_\_\_\_\_

Address Start and End Dates: \_\_\_\_\_

Previous Address (street number, street, unit, city, state, zip): \_\_\_\_\_

Address Start and End Dates: \_\_\_\_\_

Previous Employer(s) Agency Name(s): \_\_\_\_\_

*By my signature, below, I attest that all information provided in this written authorization is true and complete. My signature authorizes the employer referenced above to request a CAPS Check to determine if I have been substantiated in an APS case as a perpetrator of physical abuse, sexual abuse, caretaker neglect, and/or exploitation of an at-risk adult. I acknowledge that the information resulting from such a check will be shared directly with the employer who may use the results to inform their hiring decision. By my signature I acknowledge that this request will flag my name to allow notification to this employer of any future substantiated findings as long as I am employed by this agency.*

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

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



**COLORADO**  
Adult Protective Services  
CAPS Check Unit



## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



## 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:0

**ADP | 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800- 367-5933 or online at [www.adpselect.com](http://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:** \_\_\_\_\_

# CONFIDENTIALITY AGREEMENT

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 internal and external team members so that they can be better equipped to serve those individuals. With this knowledge, we have a great responsibility to respect and maintain confidentiality about these personal matters.

Information disclosed (written or verbal) that a **reasonable person** would consider to be **confidential** or proprietary from the context or circumstances of disclosure shall be deemed as such. This Confidential Information shall be shared only with people who are directly involved with the person receiving services. This includes the Interdisciplinary Team, Healthcare professionals, and the Overture employees serving this person. To share the information with others may violate confidentiality. When necessary to disclose information, be sure to:

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

Additionally, to protect Confidential Information that may be disclosed, you agree to the following:

- A. Signee will hold the Confidential Information received from Overture in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. Signee shall take reasonable steps and safeguards to ensure that the minimum amount of confidential information is being used to complete the task.
- C. Signee shall not reproduce the confidential information nor use this information for any purpose other than the performance of their duties for Overture.
- D. Signee shall, upon the request or upon termination of their relationship with Overture, deliver any and all drawings, notes, documents, equipment, and materials received from Overture or originating from Signee's activities for Overture.

*Signee represents and warrants that they are not under any preexisting obligations inconsistent with the provisions of this Agreement. Signing below signifies that the Signee agrees to the terms and conditions of this Confidentiality Agreement.*

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Signature

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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.