



Roundup Fellowship
 3443 S. Galena St., #310
 Denver CO 80231



Serving people with Developmental Disabilities, recognizing their worth, affirming their ability to contribute, and striving to promote dignity in all relationships.

APPLICATION FOR EMPLOYMENT

NAME: _____ APPLICATION DATE: _____

ADDRESS: _____

PHONE: _____ Cell: _____ Are you over 21? _____

POSITION APPLYING FOR: _____

LICENSED DRIVER? Yes No Driver's License #: _____ State: _____

Since the job will involve driving an agency vehicle, we need a more detailed driving history. A copy of your Motor Vehicle Record is required for employment. Please provide a copy of your record and give details requested below.

Have you ever had a DUI? Yes No If so, give date: _____

Was your license ever suspended? Yes No If so, reason: _____

Number and type of accidents: _____

Tickets in last 3 years (IE: speeding, traffic): _____

SCHOOLING, COLLEGE, GRADUATE TRAINING:

We will need to see verification of your education in the form of transcripts, diploma, license or other credential.

High school graduate? Yes No GED? Yes No

High school: _____ City: _____ State: _____

College: 1. Name of school and location _____
 Years attended _____ Degree Received? _____
 2. Name of school and location _____
 Years attended _____ Degree Received? _____

HEALTH:

Rules and regulations require that we check the physical and emotional health of prospective employees in order to properly protect the health and safety of those we serve.

What is the condition of your health? Excellent _____ Good _____ Fair _____ Poor _____

Do you have any illnesses, physical limitations or conditions which would interfere with your ability to perform this job or which might be aggravated by the position for which you are applying? Yes No

If yes, please explain: _____

EMPLOYMENT EXPERIENCE:

Please start with your present or most recent position. PLEASE FILL IN ALL BLANKS! DO NOT INDICATE "see resume" unless all the requested information is specifically listed on your resume.

1. EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____
EMPLOYED FROM _____ to _____ REASON FOR LEAVING: _____
SALARY: _____ MAY WE CONTACT THIS EMPLOYER? Yes No

2. EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____
EMPLOYED FROM _____ to _____ REASON FOR LEAVING: _____
SALARY: _____ MAY WE CONTACT THIS EMPLOYER? Yes No

3. EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____
EMPLOYED FROM _____ to _____ REASON FOR LEAVING: _____
SALARY: _____ MAY WE CONTACT THIS EMPLOYER? Yes No

4. EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ PHONE: _____
SUPERVISOR: _____
EMPLOYED FROM _____ to _____ REASON FOR LEAVING: _____
SALARY: _____ MAY WE CONTACT THIS EMPLOYER? Yes No

Have you ever been fired from a previous job? Yes No
Have you ever had a professional license revoked? Yes No
If yes, give date and explain details: _____

TRAINING AND EXPERIENCE:

Please summarize any particular training (not covered earlier in this application) or any practical experience you have had which would be useful in the position for which you are applying. Be as specific as possible regarding the nature of the training or experience and the length of your involvement in it.

REFERENCES:

Professional references are preferred. Three references are necessary. At least 2 must be familiar with your work performance, with 1 being a supervisor. DO NOT indicate "please see resume". Incomplete or inaccurate information will delay the hiring process.

Name: _____ Phone: _____
Address: _____ Length of acquaintance: _____
What capacity? _____
Name: _____ Phone: _____

Address: _____ Length of acquaintance: _____
What capacity? _____
Name: _____ Phone: _____
Address: _____ Length of acquaintance: _____
What capacity? _____

PERJURY AGREEMENT (Please read each statement carefully before signing)

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.”

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision for employment. In the event of employment, I understand that false or misleading information given in this application or during the interview may lead to my discharge. I understand that this application or subsequent employment does not create a contract of employment and does not guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

ADDENDUM TO APPLICATION

CRIMINAL RECORD CHECK AND CHECK OF THE CENTRAL REGISTRY OF CHILD PROTECTION

Under rules of the Colorado Department of Social Services, all employees of child care facilities must submit fingerprints to the Colorado Bureau of Investigation (CBI) and/or to the FBI for criminal record checks within 5 days of employment. Roundup must request that the employee provide more detailed information regarding any criminal record. Roundup will terminate the employment of any person who has been convicted or entered into a deferred judgment agreement for the following types of crimes:

- 1) Any crime of incest, child abuse, child sexual abuse, kidnapping of a child, unlawful sexual behavior, crime committed against a vulnerable adult, or murder;
- 2) Any crime which involved child prostitution or the sale or possession of sexually explicit materials harmful to children;
- 3) Any felony for which an individual has not yet completed the sentence;
- 4) Any felony of a violent nature including but not limited to assault, kidnapping, or robbery;
- 5) Any felony related to the sale of a controlled substance within the last ten years;
- 6) Any crime which adversely reflects upon the character and suitability of the employee, posing a threat to the health, welfare and safety of the children or adults we serve.

The cost of the criminal record check is incurred by the employee and will be deducted from the employee's first paycheck, unless otherwise arranged with the Executive Director. The employee will be reimbursed for this expense upon completion of six months of employment. See current cost of criminal record check at bottom of this addendum.

Roundup is also required to submit the names of new employees to the Central Registry of Child Protection to assure there are no confirmed reports of abuse or neglect. Roundup must request an employee to provide more detailed information regarding any findings. Employees with confirmed reports of abuse or neglect may be terminated immediately.

In acknowledgment of your understanding of the above, please sign and date the following statement.

I, the undersigned, understand that fingerprinting, a criminal record check, and a check of the Central Registry of Child Protection are conditions of employment at Roundup Fellowship. I have not been convicted or entered into a deferred judgment agreement for any of the crimes listed above. I understand that if I am found to have a criminal record or a confirmed report of abuse or neglect, my employment may be terminated immediately.

Signature _____ Date _____

CURRENT COSTS FOR CBI/FBI, EFFECTIVE 7-1-03

CBI Name Check Only	=	\$6.85
Fingerprints	=	\$5-20/card
CBI Check	=	\$17.50
CBI + FBI check	=	\$39.50

* An FBI check is required for all employees in the Children's Division who have not lived in Colorado continuously for the past 24 months.

Note: The full cost of the CBI or CBI/FBI check will be deducted from your first paycheck unless you make other arrangements with the Executive Director. You will be reimbursed for this amount after completing 6 months employment.

ROUNDUP FELLOWSHIP APPLICATION QUESTIONNAIRE

1. Please rank the following from most important to least important (#1 being the most and 5 the least):

- A. Distance to work _____
- B. Hours _____
- C. Job duties _____
- D. Pay _____
- E. Work environment _____

2. You and Karen go to McDonald's for your weekly outing. This week Karen decides she wants a shake instead of a Diet Coke. Since she is on a diet, you tell her she can only have the Diet Coke. She starts screaming, hitting you and falls to the floor.

a. What would be your immediate intervention?

b. What type of behavioral program would you suggest to decrease or eliminate her screaming, hitting and falling behaviors?

3. How would you go about structuring three hours of free time if there were no monies available for an activity?

LIABILITY RELEASE

TO WHOM IT MAY CONCERN:

As an applicant for employment with Roundup Fellowship, I understand that a thorough background investigation will be conducted to qualify me for eligibility.

"I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, credit standing, or character, to release said information to the person or agency identified herein, unless restricted by law. This authorization is made voluntarily, for the purpose of employment only. Upon receipt of this document, please release information directly related to the categories shown, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information. Thank you for your cooperation.

Authorized by: _____

Full Name, Print or Type

Current Address

City, State, Zip Code

Telephone Number

Date of Birth

Social Security Number

Drivers License #, State of Issue

Company/Agency Requesting Info.

Applicant Signature

Authorized Signature, Title

Date