



125 N Parkside Dr. Suite 201 M Colorado Springs Co 80909
Phone: (719) 291-0296 Fax: 1-844-272-3465
Web address: Upro1.com

**Please attach a copy of the following
Items when turning in your applications**

Thank you

Driver's license

Car Insurance

Car Registration

DMV Check (History of driver's record)

Home owners Insurance

Professional Liability Insurance (If applicable)



United Providers

125 N Parkside Dr. Suite 201 M Colorado Springs Co 80909
Phone: (719) 639-6050 Fax: 1-844-272-3465

Employment Application

It is the policy of United Providers to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information

-
Applicant Name: _____
Address: _____
City/State/ZIP : _____
Number of years at this address: _____
Daytime phone: _____ Evening phone: _____
Birthday: _____
Social Security Number: _____
Driver's License (State/Number): _____
Email address: _____

CO- Applicant

Co- Applicant Name: _____
Address: _____
City/State/State: _____
Number of years at this address: _____
Daytime phone: _____ Evening Phone: _____
Birthday: _____
Social Security Number: _____
Driver's License (State/Number): _____
Email address : _____

Emergency Contact

-
Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For: _____

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

Are you at least 18 years old? _____ Yes _____ No

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No

If no, please state any limitations:

If applicable, are you available to work overtime? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

Are you legally eligible for employment in the United States? _____ Yes _____ No

Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

What reasonable accommodation, if any, would you require?

Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

<u>Ability or Skill</u>	<u>Years of Experience</u>	<u>Rating</u>
[] Typing _____		1 2 3 4 5
[] Microsoft Office Suite (Word, Excel, etc.) _____		1 2 3 4 5
[] Answering telephones _____		1 2 3 4 5
[] Filing _____		1 2 3 4 5
[] Customer service _____		1 2 3 4 5

Applicant Employment History

List your current or most recent employment first.

Employer Name: _____
Supervisor Name: _____
Address/Phone _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address/Phone _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address/Phone _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Applicant's Education and Training

College/University Name and Address

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

High School/GED Name and Address

Did you receive a degree? _____ Yes _____ No

Certifications: Specify states of registration and license number. (please include copies of each as applicable: CPR, First Aid, Medical Certification, Crisis Intervention, CNA, etc.)

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Military Service:

_____ Yes _____ No

Branch: _____

Specialized Training: _____

What would you not allow in your home?

Smoker _____ Alcohol _____ behaviors _____ Ambulatory _____ None Ambulatory _____

Pets _____ Sex offender _____ wheelchair _____ Deaf or Blind _____ Medical

fragile _____ Other _____

Information about the host home Independent contract setting

Please list all members of your household:

Name	Age
Relationship	

Name	Age
Relationship	

Name	Age
Relationship	

Name	Age
Relationship	

Name	Age
Relationship	

Briefly describe your home. Make note of special features that would be of assistance to you in providing services in the Host Home Program.(list such things as wheelchair accessibility, special amenities such as spare rooms, fenced yard, recreational areas, etc.)

Please list total number of rooms. Include how many rooms, bedrooms and bathrooms.

Please indicate the number and location of any fire extinguishers, smoke and carbon monoxide detectors in your home.

Do you have an operable phone in your home?

Do you own pets or livestock? If yes, please provider information.

Do you have reliable transportation? (Y/N)

What is your experience with the DD population?

Please attach copies of the driver's licensed and proof of insurance to be used for transportation for all persons who will be transporting the people you serve. NOTE: prior to providing transportation, a motor vehicle record check must be completed prior to anyone in the HHP setting transporting the people you serve.

Homeowners/Renters Insurance

Please attach copies of your homeowners/renters insurance overage

Company Name
Policy Number

References

List any three people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/ZIP _____
Telephone: _____
Relationship: _____

Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize United Providers to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of United Providers, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

Consent to Background and Reference Check

Applicant Name: _____
Previous (Maiden) Name _____
Present Address: _____
Previous Address _____
Social Security Number: _____
Driver's License: _____
Birth Date: _____

I, _____ hereby authorize United Providers (the "Company") of 125 N Parkside Dr., Colorado Springs, Colorado 80909, and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant: _____

Dated: _____

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (this "Agreement") is made effective as of _____, between United Providers, of 125 N. Parkside dr. Suit 201M, Colorado Springs, Colorado 80909, and _____.

In this Agreement, the party who owns the Confidential Information will be referred to as "United Providers", and the party to whom the Confidential Information will be disclosed will be referred to as "Host Home Provider".

United Providers is engaged in Developmentally disabled adults Host Home Provider is engaged in Assisting disabled adults with their daily needs Information will be disclosed to provider in order to know how to take care of the client The Owner has requested and the Recipient agrees that the Recipient will protect the confidential material and information which may be disclosed between the Owner and the Recipient. Therefore, the parties agree as follows:

I. CONFIDENTIAL INFORMATION. The term "Confidential Information" means any information or material which is proprietary to United Providers, whether or not owned or developed by United Providers, which is not generally known other than by United Providers, and which Host Home Provider may obtain through any direct or indirect contact with United Providers.

A. Confidential Information includes without limitation:

- business records and plans
- financial statements
- customer lists and records
- HIPPA/Confidential Medical Information and other proprietary information.

B. Confidential Information does not include:

- matters of public knowledge that result from disclosure by United Providers
 - information rightfully received by Host Home Provider from a third party without a duty of confidentiality
 - information independently developed by Host Home Provider
 - information disclosed by operation of law
 - information disclosed by Host Home Provider with the prior written consent of United Providers
- and any other information that both parties agree in writing is not confidential.

II. PROTECTION OF CONFIDENTIAL INFORMATION. Host Home Provider understands and acknowledges that the Confidential Information has been developed or obtained by United Providers by the investment of significant time, effort and expense, and that the Confidential Information is a valuable, special and unique asset of United Providers which provides United Providers with a significant competitive advantage, and needs to be protected from improper disclosure. In consideration for the disclosure of the Confidential Information,

Host Home Provider agrees to hold in confidence and to not disclose the Confidential Information to any person or entity without the prior written consent of United Providrs. In addition, Host Home Provider agrees that:

i. No Copying/Modifying. Host Home Provider will not copy or modify any Confidential Information without the prior written consent of United Providrs.

ii. Application to Employees. Further, Host Home Provider shall not disclose any Confidential Information to any employees of Host Home Provider, except those employees who are required to have the Confidential Information in order to perform their job duties in connection with the limited purposes of this Agreement. Each permitted employee to whom Confidential Information is disclosed shall sign a non-disclosure agreement substantially the same as this Agreement at the request of United Providrs.

iii. Unauthorized Disclosure of Information. If it appears that Host Home Provider has disclosed (or has threatened to disclose) Confidential Information in violation of this Agreement, United Providrs shall be entitled to an injunction to restrain Host Home Provider from disclosing, in whole or in part, the Confidential Information. United Providrs shall not be prohibited by this provision from pursuing other remedies, including a claim for losses and damages.

III. RETURN OF CONFIDENTIAL INFORMATION. Upon the written request of United Providrs, Host Home Provider shall return to United Providrs all written materials containing the Confidential Information. Host Home Provider shall also deliver to United Providrs written statements signed by Host Home Provider certifying that all materials have been returned within five (5) days of receipt of the request.

IV. RELATIONSHIP OF PARTIES. Neither party has an obligation under this Agreement to purchase any service or item from the other party, or commercially offer any products using or incorporating the Confidential Information. This Agreement does not create any agency, partnership, or joint venture.

V. NO WARRANTY. Host Home Provider acknowledges and agrees that the Confidential Information is provided on an AS IS basis. United Providrs MAKES NO WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION AND HEREBY EXPRESSLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL United Providrs BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THE PERFORMANCE OR USE OF ANY PORTION OF THE CONFIDENTIAL INFORMATION. United Providrs does not represent or warrant that any product or business plans disclosed to Host Home Provider will be marketed or carried out as disclosed, or at all. Any actions taken by Host Home Provider in response to the disclosure of the Confidential Information shall be solely at the risk of Host Home Provider.

VI. LIMITED LICENSE TO USE. Host Home Provider shall not acquire any intellectual property rights under this Agreement except the limited right to use set out above. Host Home Provider acknowledges that, as between United Providers and Host Home Provider, the Confidential Information and all related copyrights and other intellectual property rights, are (and at all times will be) the property of United Providers, even if suggestions, comments, and/or ideas made by Host Home Provider are incorporated into the Confidential Information or related materials during the period of this Agreement.

VII. GENERAL PROVISIONS. This Agreement sets forth the entire understanding of the parties regarding confidentiality. The obligations of confidentiality shall survive indefinitely from the date of disclosure of the Confidential Information. Any amendments must be in writing and signed by both parties. This Agreement shall be construed under the laws of the State of Colorado. This Agreement shall not be assignable by either party, and neither party may delegate its duties under this Agreement, without the prior written consent of the other party. The confidentiality provisions of this Agreement shall remain in full force and effect after the effective date of this Agreement.

IN WITNESS WHEREOF, this Agreement has been executed and delivered in the manner prescribed by law as of the date first written above.

Information Owner:
United Providers

By: _____
Dwan Gant
CEO

Recipient:

By: _____
