



Life Connections Application for Cradle Care Home

Catholic Charities of Central Colorado
228 North Cascade Avenue
Colorado Springs, Colorado 80903
(719) 866-6535

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please attach a resume to supplement this application.

PLEASE PRINT

Circle One:

Mr. Mrs.

Ms.

Date _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Social Security Number _____ Telephone Number _____

When can you start? _____ How were you referred to CC? _____

Previously employed by any Parish/Diocese? NO YES If yes, where and when? _____

Previously licensed or certified for foster care or child care? NO YES If yes, where and when? _____

Ever been denied a license or certificate? NO YES If yes, where and when? _____

Ever cared for a child placed in your home other than your own? NO YES Was child placed by: Agency Court

EDUCATIONAL BACKGROUND

Type of School	Name and Location	Years Completed	Major	Degree(s) Obtained
High or Preparatory				
College				
Graduate School				
Other				

List any additional special skills, technical or professional knowledge which you may have related to child care:

Other languages _____

Do you have any physical condition or disability that may limit your ability to perform assigned tasks?

EMPLOYMENT EXPERIENCE: List your most recent positions (paid and unpaid) in chronological order starting with most recent.

1. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

2. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

3. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

4. Employed From _____ To _____
Company Name _____ Your Title _____
Address _____ Your Department _____
City & State _____ Supervisor's Phone Number _____
Supervisor's Name and Title _____
Work Performed _____

Reason for leaving _____

I UNDERSTAND THAT ALL CRADLE CARE HOMES WITH LIFE CONNECTIONS ARE REQUIRED TO BE FINGERPRINTED AND PROVIDE THEIR CONSENT FOR A BACKGROUND CHECK WITH THE STATE OF COLORADO DEPARTMENT OF HUMAN SERVICES BACKGROUND INVESTIGATION UNIT, WITH THE COLORADO BUREAU OF INVESTIGATION, AND WITH THE FEDERAL BUREAU OF INVESTIGATION.

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? YES NO

If yes, give a short explanation of the complaint. Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.

Have you ever been convicted of any felony or misdemeanor? YES NO

If yes, give a short explanation of the incident. Please indicate the date, nature, and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Has any employer ever disciplined you or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving, or your theft? YES NO

If yes, give a short explanation of the allegations. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including your employer's name, address and telephone number.

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES NO

If yes, give a short explanation of the treatment, including date(s), nature and location(s), identifying the treating physician with name, address and telephone number.

In order for your application to be considered, you must sign the Applicant's Declaration, Authorization and Release.

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application, whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my services at any time. I authorize Catholic Charities and its agents to verify any information related to my application or resume. I also authorize all individuals, schools, employers, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of them from any liability for doing so.

Signature

Print Name

Signature

Print Name

Date