



Application for Employment

2111 Champa Street | Denver, CO 80205
careers@coloradocoalition.org

Colorado Coalition for the Homeless (CCH)
 Renaissance Property Management Corporation (RPMC)

Please type or print in black or blue ink. Applicant's signature must be in ink. An incomplete application may result in disqualification. CCH/RPMC participates in E-Verify.

What job are you applying for? _____ How / where did you find this job? _____ DATE AVAILABLE _____ APPLICATION DATE _____

PERSONAL INFORMATION

FIRST NAME _____ INITIAL _____ LAST NAME _____ PHONE NUMBER _____ E-MAIL ADDRESS _____

ADDRESS _____ APT NO _____ CITY _____ STATE _____ ZIP CODE _____

Are you willing to relocate?
 (CCH is unable to pay for relocation.)
 YES NO

Have you ever worked for CCH or RPMC before?
 YES NO

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

PRIOR JOB(S) (include dates of employment) _____ DESIRED COMPENSATION (provide a range) _____

CONVICTION(S) (include dates; attach explanation if necessary) _____ Convictions do not automatically disqualify an application. The seriousness and date of conviction(s) are considered. Final candidates will undergo a criminal background check.

Can you, within 3 days of starting employment, complete a Citizen and Immigration Services Form I-9, which verifies your legal right to work in the US?

YES NO

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform all job functions for which you are applying, with or without accommodation(s)?

YES, without accommodation YES, with accommodation (explain below) NO

Please explain how you can perform all job functions with accommodation and with what accommodation.

Are you able to work the specified schedule?

YES, without restriction YES, with restriction(s) (explain below) NO

Explain any work schedule restrictions.

EDUCATION

List schools attended, starting with high school (or equivalency) first, then higher education. Graduation dates are NOT required. Attach an additional page if necessary. Final candidates will undergo a background check, which includes verification of diplomas and degrees received.

SCHOOL NAMES AND LOCATIONS	DIPLOMAS / DEGREES RECEIVED (If not graduated, indicate number of credits earned.)	MAJOR FIELDS OF STUDY (Higher education only.)

LICENSES, CERTIFICATIONS AND/OR SKILLS

List professional licenses (do not include drivers license), certifications or special skills you feel are relevant to performing the job for which you have applied. Final candidates will undergo a background check, which includes verification of licenses and certifications.

LICENCES, CERTIFICATIONS OR SKILLS (Include language skills, computer proficiencies, etc)	AWARDING INSTITUTIONS (If applicable)	EXPIRATION DATES (If applicable)

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WORK HISTORY

List jobs in REVERSE chronological order. Volunteer work and internships are acceptable. Attach an additional page if necessary. Final candidates will undergo a background check, which includes verification of job titles and dates of employment.

CURRENT OR MOST RECENT EMPLOYER	DATES EMPLOYED (MM/YYYY)		SUMMARY OF JOB DUTIES (You may leave blank if you check "SEE RESUME")
JOB TITLE	FROM	TO (or "Present")	<input type="checkbox"/> SEE RESUME
SUPERVISOR NAME AND TITLE	COMPENSATION		
REASON FOR LEAVING	STARTING	FINAL / CURRENT	
ADDRESS	PHONE NUMBER (used to verify employment)		
EMPLOYER	DATES EMPLOYED (MM/YYYY)		
JOB TITLE	FROM	TO	<input type="checkbox"/> SEE RESUME
SUPERVISOR NAME AND TITLE	COMPENSATION		
REASON FOR LEAVING	STARTING	FINAL	
ADDRESS AND MAIN PHONE NUMBER	PHONE NUMBER (used to verify employment)		
EMPLOYER	DATES EMPLOYED (MM/YYYY)		
JOB TITLE	FROM	TO	<input type="checkbox"/> SEE RESUME
SUPERVISOR NAME AND TITLE	COMPENSATION		
REASON FOR LEAVING	STARTING	FINAL	
ADDRESS AND MAIN PHONE NUMBER	PHONE NUMBER (used to verify employment)		

Please explain any gap in employment exceeding three months.

REFERENCES

List three professional references, preferably prior supervisors, who can answer questions about your job performance.

FIRST NAME	INITIAL	LAST NAME	PHONE NUMBER	E-MAIL ADDRESS
RELATIONSHIP TO YOU			TIME KNOWN	Must we alert you before contacting? <input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	INITIAL	LAST NAME	PHONE NUMBER	E-MAIL ADDRESS
RELATIONSHIP TO YOU			TIME KNOWN	Must we alert you before contacting? <input type="checkbox"/> YES <input type="checkbox"/> NO
FIRST NAME	INITIAL	LAST NAME	PHONE NUMBER	E-MAIL ADDRESS
RELATIONSHIP TO YOU			TIME KNOWN	Must we alert you before contacting? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT ACKNOWLEDGEMENTS

My signature below indicates my agreement with the following statements:

- The information provided on this application is true and complete to the best of my knowledge. I understand that misrepresentation of information considered relevant by CCH or its subsidiaries may result in disqualification of my application or, if discovered after employment begins, termination of my employment.
- I authorize present and former employers and those individuals listed as references to provide information about my employment record, including verification of my job title, job duties, dates of employment, compensation, job performance and reason for termination, thereby releasing them from any and all liabilities for damages, including disqualification of my application or termination of my employment, arising from information provided by them in good faith.
- I understand that employment with CCH is "at-will" as provided by Colorado law. CCH or its employees have the right to end the employment relationship at any time, with or without advance notice, for any lawful reason. Neither this application nor any verbal statements made by management are intended to constitute a contract of employment, either express or implied, for any duration of time.

SIGNATURE

TODAY'S DATE

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV



This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:
1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

