



Zion Properties LTD DBA Everhope HomeCare

PRE-HIRE FORMS

Effective Date: 2025

In Person Interview Form

Zion Properties LTD DBA Everhope HomeCare

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? Y N If yes where from: _____

Ever worked in home care? Y N If yes, where: _____

Currently working anywhere? Y N If yes, where: _____

AGENCY POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on their Criminal History check to prevent us from hiring?
 N Y

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a Client's home and he/she refused to let you in?
Brief verbal response: _____
2. What would you do if your Client fell and insists that you do not call for help and insists that they are ok?
Brief verbal response: _____
3. How long do you think it is okay to hold onto paperwork for a Client?
Brief verbal response: _____
4. How do you feel about scheduling an elderly Client's visit at 8 pm?
Brief verbal response: _____
5. How would you respond if the supervisor gives you a written warning for something they has discovered happened?
Brief verbal response: _____

COLORADO CRIMINAL ATTESTATION	
<p>By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed on my name. I have informed the Agency of all names (maiden name, aliases) that I have used in the past. I acknowledge that I have been hired provisionally basis and that employment is temporary pending the results of the criminal history check. I also acknowledge that the Agency will not hire me if I have been convicted of the offenses enumerated below. I also understand that the Agency will search all available registries and other sources to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on any registry. If my name is designated on either registry, I understand the Agency will deny me employment.</p>	
DISQUALIFYING OFFENSES	
<p>A Crime Of Violence, As Defined In Section 16-11-309, C.R.S. Any Felony Offense Involving Unlawful Sexual Behavior, as Defined in Section 18-3-412.5, C.R.S. Any Felony, The Underlying Factual Basis Of Which Has Been Found by The Court On The Record To Include An Act Of Domestic Violence ,as Defined In Section 18-6-800.3, C.R.S.;; Any Felony Offense Of Child Abuse, As Defined In Section 18-6-401,C.R.S Any Felony Offense In Any Other State, The Elements Of Which Are Substantially Similar to The Elements Of Any Of The Offenses Described Above</p>	
DISQUALIFYING IF LESS THAN TEN YEARS HAVE PASSED SINCE CONDITIONS OF SENTENCING WERE SATISFIED	
<p>Third Degree Assault, as Described In Section 18-3-204, C.R.S.;; Any Misdemeanor, The Underlying Factual Basis Of Which Has Been found By The court On The Record To Include An Act Of Domestic Violence, As Defined In Section 18-6-800.3, C.R.S.;; Violation Of A Restraining Order, As Described In Section 18-6-803.5, Ch. 234 Human Services – Institutions, C.R.S.;; Any Misdemeanor Offense Of Child Abuse, As Defined In Section 18-6-401, C.R.S.;; Any Misdemeanor Offense Of Sexual Assault On A Consumer By A Psychotherapist, As defined In Section 18-3-405.5, C.R.S.;; Any Misdemeanor Offense In Any Other State, The Elements Of Which Are Substantially similar To The Offenses Above.</p>	
<p>I, _____, do hereby confirm that I have not been convicted of any crime listed above. I further confirm that there are no charges currently pending against me with respect to the above charges.</p>	
Name:	
Maiden Name or Alias:	
Address: _____	
Social Security #	Driver's License #
Signature	Date

PRE-HIRE Checks

Employee: _____ DOB _____

Social Security# _____ VERIFIED BY _____ Date _____

LICENSE CHECK: All licensed professionals must produce their current professional license and you must also check their credentials online to see if in fact the licensee is listed as “in good standing”. The online statement must be printed and placed in their personnel file along with a copy of the current license presented.

DORA check for license/certification checking that an employee or job applicant’s license or certificate is current & in good standing (See their website: <https://dora.colorado.gov/>).

Professional Licensure checked online: Yes

Is professional’s license listed as “in good standing”? Yes No

Printed the online screen shot for verification.

CAPS CHECK: The CAPS Check Unit is run by the Colorado Department of Human Services' Division of Aging and Adult Services.

See their website: <https://ccu.colorado.gov/>.

OIG FRAUD CHECK: ONLY IF AGENCY RECEIVES MONIES FROM ANY GOVERNMENT (state or federal) PROGRAMS.

Every employee has an OIG Fraud/Exclusions check at: <http://exclusions.oig.hhs.gov/>.

Has this been checked: Yes No

Printed the online screen shot for verification.

**** Attach the findings to this form and file in the general personnel file folder

Signature/Title of Person conducting pre-hire screening

Zion Properties LTD DBA Everhope HomeCare EMPLOYMENT APPLICATION						
DATE OF APPLICATION:				DATE AVAILABLE:		
AVAILABILITY: CHECK ALL THAT YOU ARE WILLING TO WORK						
MON	TUES	WED	THUR	FRI	SAT	SUN
		Evening (5-9P)		Nights (9P-12MN)		Overnights
POSITION APPLYING FOR:						
TYPE OF EMPLOYMENT DESIRED:			Per Diem	Number of Hours:		
			Part Time	Number of Hours:		
			Full Time	Number of Hours:		
APPLICANT NAME:						
LAST:				FIRST:		MI:
MAILING ADDRESS:						
STREET:					CITY:	
STATE:					ZIP:	
PHONE:		CELL:				WORK:
EMAIL:						
LANGUAGE SKILLS OTHER THAN ENGLISH: written/spoken						
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?				YES	No	
HOW DID YOU HEAR ABOUT US? Check as applies						
Internet	Newspaper AD	Employee	OTHER:			
EMERGENCY CONTACT INFORMATION <i>Please Print Clearly</i>						
NAME:					PHONE:	
RELATIONSHIP:						
<p>Our agency is an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance, and potential.</p> <p>No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap, or military status.</p>						

EMPLOYMENT APPLICATION Page 2 of 2				
Employment History - Please begin with your most recent or current place of employment.				
1. COMPANY:		START DATE:		
ADDRESS:				
POSITION:		PHONE:		
SUPERVISOR:		FINAL SALARY:		
REASON FOR LEAVING:				
2. COMPANY:		START DATE:		
ADDRESS:				
POSITION:		PHONE:		
SUPERVISOR:		FINAL SALARY:		
REASON FOR LEAVING:				
3. COMPANY:		START DATE:		
ADDRESS:				
POSITION:		PHONE:		
SUPERVISOR:		FINAL SALARY:		
REASON FOR LEAVING:				
EDUCATION:	NAME	COURSE OF STUDY	YRS COMPLETED	
High School				
College:				
OTHER:				
OTHER:				
MILITARY SERVICE:	BRANCH:	DATES:		
Highest Rank Achieved:		Currently in a Reserve Unit?	Yes	No
Special Schooling/Duties:				
LICENSE/CERTIFICATIONS	NAME:	ID NO:	Expires:	STATE:
CRIMINAL HISTORY:	By my signature below, I acknowledge/consent to a criminal check on my name.			
Have you ever been convicted of violating any law? (Please omit minor traffic violations.)	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please list conviction(s)/date(s)/location(s)				
The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.				
EMPLOYEE CANDIDATE SIGNATURE:				
DATE:				

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W-4 Form



Form I-9, Employment Eligibility Verification