



Providing Services and Supports  
to People With Intellectual &  
Developmental Disabilities Since  
1990

# Community Support Services, Inc

Employment Application for  
Family Mentoring  
Coordinator

14292 E. Evans Ave.  
Aurora, CO 80014  
Phone: 720-870-3712  
Fax: 720-70-3743  
[www.cssicreates.org](http://www.cssicreates.org)

*Thank you for your interest in pursuing becoming an employee as a Family Mentoring Coordinator with Community Support Services, Inc. Please carefully review the information below that provides an overview of our applicant screening process.*

*Community Support Services, Inc. utilizes numerous criteria in selecting Family Mentoring Coordinators that we desire to enter into an employment agreement. Please consider the following:*

1. Each potential Family Mentoring Coordinator candidate must complete our interview process.
2. Upon completion of a successful interview (one that passes the interview team criteria), a variety of background screenings will be conducted which must pass our criteria.
3. Applicants must possess a High School diploma or GED.

*If you are selected as an Employee to perform Family Mentoring Coordinator services, the following must be submitted to our office before entering into a contractual agreement:*

1. Have a safe and reliable vehicle with proof of current vehicle insurance and registration, as required by state law for personally owned vehicles or vehicles being utilized by the Family Caregiver.

*If you are selected as an Employee to perform Family Mentoring Coordinator services, you must:*

1. Understand the value of and contribute to the progression of their family member as they learn, grow, experience, and enjoy life.
2. Embrace and carry out the agency's philosophy of Outcome Based Services by observing, listening, and following through on what will make an individual's life a quality life.
3. Represent and deliver services that are satisfactory to your family member, Interdisciplinary Team members, and internal team members which consistently results in overall customer satisfaction at all times.
4. Provide natural support services to your family member residing in your home in addition to designated paid support hours.
5. Employ a team player attitude and approach in service delivery. Maintain open and consistent communication with the agency, its representatives and Interdisciplinary Team members.
6. Reside in a home which continuously meets or exceeds HUD standards. Promptly follow-up on any home maintenance needs or requests.
7. Be open and flexible to monitoring services, both announced and unannounced, conducted by Community Support Services, Inc., Community Center Boards, Division for Intellectual and Developmental Disabilities and the Colorado Department of Health Care Policy and Financing.
8. Adhere to the Division for Intellectual and Developmental Disabilities and the Colorado Department of Health Care Policy and Financing rules and regulations and Community Support Services, Inc., policies and procedures at all times.
9. Must successfully complete and keep up to date, all training requirements.

10. Possess a sincere desire and commitment to support people with developmental disabilities in working towards and obtaining their desired outcomes in life.

\*We recommend keeping a copy of page 1 and 2 for future reference.

When the application is complete, return it to the following address:

14292 E. Evans Ave.  
Aurora, CO 80014  
Attn: HR Department

Fax: 720-870-3743

**COMPLETION OF THIS APPLICATION PACKET DOES NOT GUARANTEE, IMPLY OR  
EMPLOY YOU AS A FAMILY MENTORING COORDINATOR.**



## EDUCATION

|  | List Name and Address of Schools | Number of Years Completed | Diploma/ Degree/ Certificate |
|--|----------------------------------|---------------------------|------------------------------|
| High School or GED                                       |                                  |                           |                              |
| College or University                                    |                                  |                           |                              |
| Subjects Studied   |                                  |                           |                              |
| Vocational or Technical                                  |                                  |                           |                              |
| Subject Studied  |                                  |                           |                              |
| List Licenses, Certificates, or other Pertinent Training | <hr/> <hr/> <hr/>                |                           |                              |

Are you currently attending school? Yes  No

If yes, specify days/ hours per week: \_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed? Yes  No

What skills or additional training do you have that are related to the job for which you are applying?  
\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?  
\_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No

Driver's License Number \_\_\_ Class of License \_\_\_ State Licensed In \_\_\_

Have you had your driver's license suspended or revoked? in the last 3 years? . . . . . Yes  No

If yes, give details:

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List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

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1. Have you ever had an allegation of Mistreatment, Abuse, Neglect or Exploitation?  
Yes  No
2. If yes, did it result in substantiated Mistreatment, Abuse, Neglect or Exploitation?  
Yes  No

Please complete for all full-time or part-time employment/contract beginning with the most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment/contract history.

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact: Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you listed all service agencies or Community Center Boards that you have provided Family Caregiver, Host Home or Respite services to, past or present, regardless of length of time? Yes  No

Please explain any gaps in your employment history? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or forced to resign? Yes  No   
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MILITARY** (Complete only if you served in the military)

Branch of Service: \_\_\_\_\_ Number of Years / Months of Service: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**REFERENCES**

Please list three references, not relatives or former employers.

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

Have you worked or attended school under any other names? Yes  No   
If yes, give names: \_\_\_\_\_  
\_\_\_\_\_



APPLICANT'S ACKNOWLEDGMENT

**AFFIDAVIT, CONSENT AND  
RELEASE**

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for a Family Mentoring Coordinator position. I further understand that, if a contract is executed with Community Support Services, Inc. any misrepresentations or omissions of facts in any application document may be cause for contract termination at any time without prior notice.

I consent to and authorize Community Support Services, Inc. to contact my former employers, references, and any and all other persons or organizations for information bearing upon my qualifications. I further authorize the listed employers, schools, and personal references to give Community Support Services, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against party(ies) for providing a good faith reference.

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Applicant's Printed Name

Social Security Number

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Applicant's Signature

Date

