



Dear Applicant,

Thank you for your interest in joining our Skills Academy Vocational Center team!

Skills Academy VC serves the Adult ID/D community as well as School District Transitions clients to provide independent living training, job skills training, and socialization in the community to provide these clients the opportunity to reach their full potential, no matter their challenges in life.

Instructors provide instruction and guidance with patience and understanding in the classroom or community setting to encourage clients' social, physical, verbal and cognitive development.

Director Support Professionals assist assigned day program clients (one-on-one or two-on-one, depending on client support needs) with classes, activities, personal care, meals, and other support as needed.

In addition to day program services, SAVC provides comprehensive residential services for the special needs community, which include host home support, and compliance and reporting requirements. This department may require an additional application and supporting documents specific to host home services.

Please submit this completed application (ALL sections completed; enter N/A for those items that do not apply) and the required supporting documents (list on the last page) to be considered for an open position. Your application will not be processed until all required forms and documents have been received via postal mail, email or in person.

Skills Academy VC

1575 Garden of the Gods Rd

Colorado Springs, CO 80907

[angela@skillsacademyvc.org](mailto:angela@skillsacademyvc.org)

719-722-5551

Completion of this application and background checks does not guarantee, imply or contract you as a Skills Academy VC provider. If you are selected for the position to which you applied, you will be notified by Skills Academy VC.

Sincerely,

Skills Academy VC



EMPLOYMENT APPLICATION

Please fill out the entire application.

EMPLOYER INFORMATION

Employer Name: Skills Academy Vocational Center  
Address: 1575 Garden of the Gods Rd, St 250  
City, State, and Zip Code: Colorado Springs, CO, 80907  
Telephone: (719) 722-5551

Skills Academy Vocational Center is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at Skills Academy Vocational Center are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Driver's License Number/State/Expiration: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Application: \_\_\_\_\_

EMERGENCY CONTACT

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_



EMPLOYMENT POSITION

Employment Position Applied For: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_

When can you begin work if you are hired? \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Have you applied to any position at our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you apply: \_\_\_\_\_

If yes, what position did you apply for: \_\_\_\_\_

Did anyone refer you to our company? If yes, who: \_\_\_\_\_

Do you have any friends or family working at our company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name: \_\_\_\_\_

How did you hear about this position?

\_\_\_\_\_

WORK ELIGIBILITY

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License (State/Number): \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No



EDUCATIONAL BACKGROUND

Please list the schools attended. Include any other pertinent information about your education and training.

School name: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Subjects studied: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Degree received: \_\_\_\_\_  
Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Did you graduate? \_\_\_\_ Yes \_\_\_\_ No  
Degree received: \_\_\_\_\_

Professional licenses, qualifications, or certifications:

\_\_\_\_\_  
Special Achievements or Awards:  
\_\_\_\_\_



## EMPLOYMENT HISTORY

Please list all jobs. Begin with the current or most recent employment. Continue on an extra sheet of paper if necessary.

Name of Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

Key Duties: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Military Service?  Yes  No

Branch: \_\_\_\_\_

Years of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Specialized skills or training: \_\_\_\_\_



REFERENCES

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_



I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize Skills Academy Vocational Center to conduct any investigation deemed appropriate concerning my application. I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application. The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment status, except those which are executed by representatives at Skills Academy Vocational Center with the express authority to do so. I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS. APPLICANT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## DRUG TESTING DISCLOSURE

Skills Academy VC requires drug testing for all employees and contractors at the time of hire. All employment agreements are contingent on negative drug screening results. The job applicant is responsible for the cost of the initial drug testing. Specific information will be provided when an employment or contract agreement is reached. Skills Academy VC drug testing policy specifies periodic drug testing of all employees and contractors. Frequency will be determined by department managers. The employee may be responsible for the drug testing cost.

## 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 Skills Academy VC 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 this right. Moreover, no agent, representative, or employee of Skills Academy VC, except in a specific written contract of employment





signed on behalf of the organization by its Director, 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.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (this "Agreement") is made effective as of

\_\_\_\_\_, between Skills Academy VC, 1575 Garden of the Gods Rd, Colorado Springs, CO 80907 and (Name) \_\_\_\_\_, of (address) \_\_\_\_\_.

In this Agreement, the party who owns the Confidential Information will be referred to as "Skills Academy VC" (Owner), and the party to whom the Confidential Information will be disclosed will be referred to as "Skills Academy VC Provider" (Recipient).

Skills Academy VC is engaged in providing day program services for intellectually and developmentally disabled adults. A Skills Academy Provider is engaged in supporting and/or instructing disabled adults attending Skills Academy VC. Information will be disclosed to the Provider in order to know how best to support 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 Skills Academy VC, whether or not owned or developed by Skills



Academy VC, which is not generally known other than by Skills Academy VC, and which Skills Academy VC Provider may obtain through any direct or indirect contact with Skills Academy VC.

A. Confidential Information includes without limitation:

- Business records and plans
- Financial statements
- Customer lists and records
- HIPAA/Confidential Medical Information
- Any other proprietary information

B. Confidential Information does not include:

- Matters of public knowledge that result from disclosure by Skills Academy VC
- Information rightfully received by Skills Academy Provider from a third party without a duty of confidentiality
- Information independently developed by Skills Academy VC Provider
- Information disclosed by operation of law
- Information disclosed by Skills Academy VC Provider with the prior written consent of Skills Academy VC
- Any other information that both parties agree in writing is not confidential.

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



confidence and to not disclose the Confidential Information to any person or entity without the prior written consent of Skills Academy VC. In addition, Skills Academy VC Provider agrees that:

i. No Copying/Modifying. Skills Academy VC Provider will not copy or modify any Confidential Information without the prior written consent of Skills Academy VC.

ii. Application to Employees. Further, Skills Academy VC Provider shall not disclose any Confidential Information to any employees of Skills Academy VC 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 Skills Academy VC.

iii. Unauthorized Disclosure of Information. If it appears that Skills Academy VC Provider has disclosed (or has threatened to disclose) Confidential Information in violation of this Agreement, Skills Academy VC shall be entitled to an injunction to restrain Skills Academy VC Provider from disclosing, in whole or in part, the Confidential Information. Skills Academy VC 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 Skills Academy VC, Skills Academy VC Provider shall return to Skills Academy VC all written materials containing the Confidential Information. Skills Academy VC Provider shall also deliver to Skills Academy VC written statements signed by Skills Academy VC 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. Skills Academy VC Provider acknowledges and agrees that the Confidential Information is provided on an AS IS basis. Skills Academy VC 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 Skills Academy VC 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. Skills Academy VC does not represent or warrant that any product or business plans disclosed to Skills Academy VC Provider will be marketed or carried out as disclosed, or at all. Any actions taken by Skills Academy VC Provider in response to the disclosure of the Confidential Information shall be solely at the risk of Skills Academy VC Provider.

VI. LIMITED LICENSE TO USE. Skills Academy VC Provider shall not acquire any intellectual property rights under this Agreement except the limited right to use set out above. Skills Academy VC Provider acknowledges that, as between Skills Academy VC and Skills Academy VC Provider, the Confidential Information and all related copyrights and other intellectual property rights, are (and at all times will be) the property of Skills Academy VC, even if suggestions, comments, and/or ideas made by Skills Academy VC 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: Skills Academy Vocational Center

By: \_\_\_\_\_ Date: \_\_\_\_\_

Angela Pantoya,  
Human Resources Manager

By: \_\_\_\_\_ Date: \_\_\_\_\_

Department Manager

Recipient: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

### Consent to Background and Reference Check

Applicant Name: \_\_\_\_\_

Previous (Maiden) Name: \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_

Driver's License State and Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_



I, <applicant name> \_\_\_\_\_ hereby authorize Skills Academy VC (the "Company") at 1575 aGarden of the Gods Rd., Colorado Springs, CO 80907, 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: \_\_\_\_\_

Date: \_\_\_\_\_



Please provide a copy of the following items when submitting your application. Required for all positions:

- Resume
- Driver's License
- Social Security Card
- Authorization for Colorado Adult Protective Services Background Check Required for driver position/responsibility:
  - Car Insurance (if driver for an SAVC van transporting clients)
  - Car Registration (if driver for an SAVC van transporting clients)
  - Authorization to Release Driving Records (7 years)