

OVERTURE INTEREST IN PROVIDING SERVICES FORM FOR MONTANA INDEPENDENT CONTRACTORS / SHARED LIVING PROVIDERS

PERSONAL INFORMATION

Name:	Phone: (H)
Address:	Phone: (W)
	Phone: (C)
	Email:

EDUCATION

College:	City & State:	Dates of Attendance:
Major(s):	Degree:	Date of Degree:
Additional Education or Qualifications (seminars, certifications):		
High School:	City & State:	Date of Graduation:

WORK HISTORY

Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	Can we contact this person? <input type="radio"/> Yes <input type="radio"/> No
Reason for Leaving:	
Date:	
Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Date:	
Employer:	Phone:
Address:	City & State:
Dates of Employment:	Supervisor:
Job Title or Responsibilities:	
Reason for Leaving:	
Date:	

PROFESSIONAL REFERENCES

Please list persons who have direct knowledge of your work experience (Professionals, Instructors, Supervisors, Co-workers). All persons MUST have a valid email address.

Name:	Phone:
Relationship/Yrs Known:	E-Mail:
Name:	Phone:
Relationship/Yrs Known:	E-Mail:
Name:	Phone:
Relationship/Yrs Known:	E-Mail:

JOB SPECIFIC INFORMATION

Why do you feel that you would be a good addition to the Overture Program?:
Stability and consistency are very important to our residents. Please list some reasons why we could count on you for a least a year:
Please List other obligations (i.e. jobs, family commitments) you plan to continue during your contract:
Why do you think your lifestyle would be conducive to a Shared Living environment?
Shared Living Provision is an around-the-clock endeavor. Please list your plans to get necessary respite, time off, and how you will be "taking care of yourself."
What persons other than you and the person in services will be residing in the home?:
Have you ever been convicted of Mistreatment, Abuse, Neglect, or Exploitation of a person with intellectual and developmental disabilities? If yes, please explain.
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION OF INFORMATION COULD LEAD TO TERMINATION AND I RELEASE THE AGENCY, REFERENCES AND PREVIOUS EMPLOYERS FROM LIABILITY IN REGARD TO THIS FORM. I ALSO AUTHORIZE OVERTURE TO RUN BACKGROUND CHECKS, VERIFY COLLEGE DEGREES, CONTACT REFERENCES, AND OTHER INFORMATION PERTAINING TO THIS FORM. FURTHER, I UNDERSTAND THAT ANYONE WHO WILL BE DOING BACK UP IS SUBJECT TO OVERTURE RULES AND STATE REGULATIONS REGARDING HIRING AND TRAINING. FAILURE OF BACK UP PROVIDERS TO MEET OUR STANDARDS COULD DISQUALIFY THEM FROM PROVIDING SERVICES.

SIGNATURE _____

DATE: _____

***** ALL fields of entire form must be complete, or it will be returned unprocessed *****

For Montana Applicants: If hired, the employment relationship is governed by the Wrongful Discharge from Employment Act. Mont. Code Ann. Section 39-2-901



Motor Vehicle and Criminal History Check

Personal Information

First Name:	Middle Name:	Last Name:
Maiden Name/Other Names Used:		Date Last Used:
Email Address:		
Social Security Number: --- ---	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Driver's License Number:	State:	

All addresses for the last SEVEN years: (List addresses beginning with the most recent)

1.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years: From-To
2.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years: From-To
3.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years: From-To
4.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years: From-To
5.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years: From-To

Please present Driver's License and Social Security Card to Provider Support upon submittal.



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND REPORTS

Fair Credit Reporting Act Disclosure

Overture, including its parents, subsidiaries, affiliates, and agents (“COMPANY”) may obtain a consumer report on you for background check purposes. This report may be in the form of a consumer report and/or an “investigative consumer report.” An investigative consumer report includes information as to your character, general reputation, personal characteristics and mode of living which can involve personal interviews with sources such as your neighbors, friends, or associates. Consumer Reports may include information regarding your credit history, criminal history, identity verification, motor vehicle records (“driving records”), verification of your education or employment history, worker’s compensation injuries, or other background checks. Credit history will only be requested if such information is substantially related to the duties and responsibilities of the employment position. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by Choice Screening, 8668 Concord Center Dr., Englewood, CO 80112, 1-877-929-7878, www.choicescreening.com.

These reports may be obtained at any time after the COMPANY receives authorization from you, including any time during the period of your employment or contract if the COMPANY hires or contracts with you or if you already work or contract for the COMPANY.

CHOICE SCREENING, or another consumer reporting agency, will obtain the reports on you.

Authorization

USA Applicants Only: I acknowledge receipt of the attached A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand the document.

Applicants with Personal Data from Outside the USA only: I acknowledge receipt of the attached DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby authorize the COMPANY or its authorized agents, for employment purposes, to obtain or prepare consumer report(s) and investigative consumer report(s) at any time after the COMPANY receives this authorization, including any time that I may be employed by or in contract with the COMPANY.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by CHOICE SCREENING, 8668 Concord Center Dr., Englewood, CO 80112, 1-877-929-7878, or other consumer reporting agencies or the COMPANY. In accordance with the host nation’s laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, the clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant/Employee Name (Printed): _____

Applicant/Employee Signature: _____ **Date:** _____

Shared Living Provider/Independent Contractor Personal Profile

In order to help us determine the compatibility of potential Supported Living Provider and people we serve, please answer the following questions so that we can learn more about you and your home.

Name:	Phone:
Address:	County:
E-mail:	How you heard about Overture/Referred by:

PERSONAL INFORMATION

Please provide your experience working with people with intellectual and/or developmental disabilities.

Why are you interested in living with a person with intellectual and/or developmental disabilities?

Please describe your typical daily routine (e.g. 7am-Wake up; 9am-Kids to school; 6pm-Dinner time,etc.)

What are your expectations from having a person with a disability living in your home?

Is there anything you are uncomfortable doing?

Do you have any limitations on transportation or availability?(e.g. Day Program, social events, personal preferred activities, etc.)

Do you have another job? If so, what is it and what is your typical schedule/hours?

What do you consider to be your strengths and weaknesses?

Please list your interests/hobbies.

How many people live in your home? Please include any individuals in services currently in your home.

Name:

Relationship to you:

Age:

(Anyone over the age of 18 that lives in your home will need to fill out a background check form)

Do you have any pets? If yes, what kind?

Do you have CPR/First Aid, Medication Administration, or any other training required to be a provider?

PHYSICAL SETTING

Please describe your home:

Ranch style Two Story Multi Level Apartment Other _____

Is there an available Bedroom and bathroom on the main floor?

Yes No

Is your home wheelchair accessible? Yes No

Are there any steps to get into your home? Yes No

If yes, how many?

If yes, could a ramp be installed? Yes No

Are there stairs inside your home? Yes No

If yes, could a ramp be installed? Yes No

How many extra bedrooms?

How many bathrooms?

Describe your kitchen:

Describe your laundry room:

What is the yard like?

Does your home have fire extinguishers, smoke detectors, and CO2 detectors? Yes No

Do you Rent Own your home? If you rent your home, when is your lease up?

Do you have homeowners/renter's insurance? Yes No

If no, you will need to get it. We will need a copy of it.

PREFERENCES

What are you looking for in the person who would live in your home?

Age:

Sex:

Personality:

Skill Level:

Abilities:

Other:

Would you consider a person with physical or behavioral challenges? Please explain:

What is your desired monthly compensation level?

How do you prefer to be contacted? (if you don't have a preference, check all that apply)

E-Mail Cell Phone Home Phone

Do you have a working computer that you are comfortable using?

(You will need to be available via both e-mail and phone as Overture will be contacting you frequently and sends/receives documents easiest through e-mail)

Other comments:

CONFIDENTIALITY AGREEMENT

It is the nature of our program that there is a constant flow of personal, confidential information pertaining to the people receiving services at Overture. This information needs to be passed to internal and external team members so that they can be better equipped to serve those individuals. With this knowledge, we have a great responsibility to respect and maintain confidentiality about these personal matters.

Information disclosed (written or verbal) that a **reasonable person** would consider to be **confidential** or proprietary from the context or circumstances of disclosure shall be deemed as such. This Confidential Information shall be shared only with people who are directly involved with the person receiving services. This includes the Interdisciplinary Team, Healthcare professionals, and the Overture employees serving this person. To share the information with others may violate confidentiality. When necessary to disclose information, be sure to:

- a. Use an alias or initials of the person in services
- b. NEVER disclose addresses, phone numbers, or family members' names
- c. ALWAYS avoid using a person's full name in any situation outside the immediate circle of providers

Additionally, to protect Confidential Information that may be disclosed, you agree to the following:

- A. Signee will hold the Confidential Information received from Overture in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
- B. Signee shall take reasonable steps and safeguards to ensure that the minimum amount of confidential information is being used to complete the task.
- C. Signee shall not reproduce the confidential information nor use this information for any purpose other than the performance of their duties for Overture.
- D. Signee shall, upon the request or upon termination of their relationship with Overture, deliver any and all drawings, notes, documents, equipment, and materials received from Overture or originating from Signee's activities for Overture.

Signee represents and warrants that they are not under any preexisting obligations inconsistent with the provisions of this Agreement. Signing below signifies that the Signee agrees to the terms and conditions of this Confidentiality Agreement.

Signature

Date

Montana Independent Contractor Exemption Certificate

The state of Montana requires all Independent Contractors to have self-elected worker's compensation insurance OR obtain an Independent Contractor Exemption Certificate (ICEC).

Becoming an Independent Contractor

A worker must be:

- Free from control or direction from hiring agent.
- Engaged in their own independently established business, occupation, trade, or profession.
- Covered under a self-elected workers' compensation insurance policy or obtain an Independent Contractor Exemption Certificate (ICEC).

How to obtain an ICEC:

- Read, complete, and submit the entire original and notarized [application and waiver form](#) with a non-refundable \$125 fee to the Department.
- Submit business documentation with your completed application that demonstrates you have an established business for each occupation listed on you application.'

Independent contractors can be fined up to \$1,000 per violation for:

- Performing work without an ICEC;
- Performing work with a revoked or suspended ICEC;
- Transferring their ICEC to another person; or
- Misrepresentation of the independent contractor status.

You will be required to present proof of self-elected worker's compensation coverage or a copy of the Independent Contractor Exemption Certificate to be considered for contract with Overture.

More information can be found at <https://erd.dli.mt.gov/work-comp-regulations/montana-contractor/independent-contractor>