





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

Supervisor/AR Name: \_\_\_\_\_

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

**Public Partnerships - Colorado, Inc. (PPC)  
Application for Employment**

I certify that the facts set forth in this Application for Employment under the Consumer-Directed Attendant Support Services (CDASS) Program are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal.

I acknowledge and understand that Public Partnerships - Colorado, Inc. (PPC) is an “at will” employer. Therefore, any employee may resign at any time, just as the client and/or authorized representative may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date