

# EMPLOYMENT APPLICATION

Full name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you worked under another name? \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Verified: \_\_\_\_\_ Required by Arizona Administrative Code R9-10-806.C1.a

1. Arizona Administrative Code R9-10-803.A.8 requires that if you work alone at the facility you must be able to read, write and communicate in English. Do you meet this requirement?  
Yes \_\_\_\_\_ or No \_\_\_\_\_
2. The position you are applying for may require standing on your feet for up to 8 hours, squatting, kneeling, bending, lifting boxes of food and other supplies. It may also require lifting and positioning persons who may be unable to help themselves and helping them to walk or transfer from bed, chair or toilet. Are you able to perform these job requirements? Yes \_\_\_\_\_ or No \_\_\_\_\_
3. Have you ever been fingerprinted by the Department of Public Safety according to ARS 36-411.A?  
Yes \_\_\_\_\_ or No \_\_\_\_\_ Original FP card Verified by Manager: Date \_\_\_\_\_
4. Do you have a valid Driver's License? Verified by Manager: Date \_\_\_\_\_ #AZ \_\_\_\_\_
5. How will you get to work? \_\_\_\_\_

## 6. Caregiver Education & Experience

Name of Caregiver Training Program: \_\_\_\_\_ Year \_\_\_\_\_

Verification of original Certificates by Manager: Date \_\_\_\_\_ Supervisory, Personal, Directed

Do you have experience as a Caregiver? Yes \_\_\_\_\_ or No \_\_\_\_\_ How long? \_\_\_\_\_

Explain: \_\_\_\_\_

Verification of Employment Reference Checks A.R.S. 36-411.

1. Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates worked from: \_\_\_\_\_ to \_\_\_\_\_

Salary earned: \$ \_\_\_\_\_ Salary requested: \$ \_\_\_\_\_

Date Manager checked reference: \_\_\_\_\_ Report: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Dates worked from: \_\_\_\_\_ to \_\_\_\_\_

Salary earned: \$ \_\_\_\_\_ Salary requested: \$ \_\_\_\_\_

Date Manager checked reference: \_\_\_\_\_ Report: \_\_\_\_\_

3.

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4. Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates worked from: \_\_\_\_\_ to \_\_\_\_\_  
 Salary earned: \$ \_\_\_\_\_ Salary requested: \$ \_\_\_\_\_

Date Manager checked reference: \_\_\_\_\_ Report: \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have current training in CPR/first aid? Yes \_\_\_\_\_ or No \_\_\_\_\_  
 Original copy verified by Manager: Date \_\_\_\_\_

8. Do you have current documentation of freedom from tuberculosis?  
 Yes \_\_\_\_\_ or No \_\_\_\_\_ Verified by Manager: \_\_\_\_\_

**9. Shift Availability**

Put an X through all shifts you are available to work. If you work nights, please be aware that these are not monitor shifts, but you must be awake and working throughout the shift. Flexibility is a virtue. You may be called upon to work any of the shifts you mark here. Overtime hours are sometimes required.

	FRI	SAT	SUN	MON	TUE	WED	THU
<b>7a – 3p</b>							
<b>3p-11p</b>							
<b>11p-7a</b>							

**10. Non-competition Agreement**

I hereby agree that during my employment with this company, and for 6 months after my employment with the company is terminated. I will not contact or try to persuade any resident, or the family of any resident, to move themselves or their family member to any other assisted living facility or health care institution or to put themselves privately in my care. I will not care for such a person in my own home, their home or another assisted living facility. I acknowledge that such activity would jeopardize the company's relationship with its clients. I acknowledge that the company's relationship is a valuable asset of the company, the loss of which cannot be reasonably estimated. I further acknowledge that the company shall have the right to an injunction if I violate this paragraph and I agree to and award of any attorney fees necessary for the company to enforce this paragraph.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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### **11. Job Application Disclaimer & Acknowledgement**

I hereby assert that answers given on this application are true and complete to the best of my knowledge.

I authorize the company to make investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am hired, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, and by all state and federal laws, rules and regulations concerning the operation of assisted living homes.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_