



EMPLOYMENT APPLICATION

SOUTHERN ARIZONA ELDERCARE
1910 N LA CAÑADA DR. GREEN VALLEY
520-344-7711

APPLICANT INFORMATION

TODAY'S DATE: _____

NAME: (last) _____ (first) _____ (middle) _____

D.O.B: ____/____/____ SSN#: ____--____--

DRIVER'S LICENSE #: _____ ISSUING STATE: _____

ADDRESS: _____

PHONE#: (cell) _____ (home) _____

EMAIL ADDRESS: _____

DATE AVAILABLE: ____/____/____ DESIRED SALARY: \$ _____/HR

POSITION APPLIED FOR: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO

IF SO, WHEN? ____/____/____

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

**HAVE YOU EVER BEEN CONVICTED OF A MISDEAMENOR? YES NO

**IF YES, EXPLAIN: _____

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO

DO YOU HAVE A UNIVERSITY OR COLLEGE DEGREE? YES NO

REFERENCES

PLEASE LIST 3

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE#: _____
ADDRESS: _____

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ADDRESS: _____

PREVIOUS EMPLOYMENT

COMPANY: _____ PHONE#: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ STARTING SALARY: \$ _____ ENDING SALARY: \$ _____
RESPONSIBILITIES: _____

FROM: _____ / _____ TO: _____ / _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

COMPANY: _____ PHONE#: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ STARTING SALARY: \$ _____ ENDING SALARY: \$ _____
RESPONSIBILITIES: _____

FROM: _____ / _____ TO: _____ / _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

MILITARY SERVICE

BRANCH OF SERVICE: ARMY AIR FORCE MARINES NAVY COAST GUARD ACTIVE DUTY RESERVES

FROM: _____ / _____ TO: _____ / _____ RANK AT DISCHARGE: _____

TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, PLEASE EXPLAIN: _____

DO YOU POSSESS?

CPR/FIRST AID YES NO DATE COMPLETED _____

TB RESULTS YES NO DATE COMPLETED _____

FINGERPRINT CLEARANCE CARD YES NO DATE COMPLETED _____

WORK AVAILABILITY

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

CAN YOU WORK OVERNIGHTS? YES NO

ARE YOU AVAILABLE TO WORK 12 HOUR SHIFTS? YES NO

ARE YOU AVAILABLE TO WORK 24 HOUR SHIFTS? YES NO

***SOUTHERN ARIZONA ELDERCARE WORKS HARD TO TRY TO MEET OUR EMPLOYEES' SCHEDULING NEEDS. YOU MAY BE ASKED/REQUIRED TO OCCASSIONALLY WORK A DAY THAT IS NOT LISTED ON YOUR WORK AVAILABILITY ABOVE.**

PLEASE LIST ALL ADDRESSES IN WHICH YOU HAVE RESIDED IN THE PAST SEVEN YEARS

CURRENT ADDRESS: _____

STATE: _____

ZIP: _____

PREVIOUS ADDRESS: _____

STATE: _____

ZIP: _____

PREVIOUS ADDRESS: _____

STATE: _____

ZIP: _____

PREVIOUS ADDRESS: _____

STATE: _____

ZIP: _____

PREVIOUS ADDRESS: _____

STATE: _____

ZIP: _____

PREVIOUS ADDRESS: _____

STATE: _____

ZIP: _____

ADDITIONAL INFORMATION TO BE CONSIDERED:

BACK BRACES

IF YOU ARE EMPLOYED WITH SOUTHERN ARIZONA ELDERCARE, IT IS HIGHLY RECOMMENDED THAT YOU PURCHASE A BACK BRACE. IF YOU INJURE YOUR BACK AND WERE NOT WEARING A BRACE, THE WORKMAN'S COMPENSATION INSURANCE WILL NOT COVER THE INJURY.

GLOVES

IF YOU ARE EMPLOYED WITH SOUTHERN ARIZONA ELDERCARE, IT IS HIGHLY RECOMMENDED THAT YOU USE THE PROPER TOOLS WHEN HANDLING BODILY FLUIDS. GLOVES ARE PROVIDED AT EVERY CLIENTS HOME.

EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, I understand that investigative inquiries on my background in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience and other qualities to my qualifications for employment, including reasons of termination of pervious employment.

I understand that my prospective employer, Southern Arizona Eldercare, 1910 N. La Cañada Dr. Green Valley, Az. 85614 (phone number 520-344-7711) may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore, I understand that prospective employer may request information from varioius state, federal and other agencies that maintain records concerning my past driving history, credit history, criminal history, military service, civil and other experiences. Southern Arizona Eldercare is not responsible for any theft or damage to vehicles or personal property.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any part (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by this prospective employer to furnish any and all of the above mentioned information. In addition, I hereby release prospective employer from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who in good faith provide to my prospective employer the above mentioned information as requested, in order to successfully complete a background investigation for my application for employment. I will allow a photocopy of this authorization to be as valid as the original.

I _____ CONSENT TO A BACKGROUND CHECK BY SOUTHERN ARIZONA ELDERECARE FOR CONSIDERATION OF EMPLOYMENT.

PLEASE PRINT OR TYPE CLEARLY

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

