

# Application for Employment



Date:

Name: Last First Middle Former Last Name(s)

Home Phone: ( ) Cell Phone: ( )

Address:

City: State: Zip Code:

Social Security Number: Email Address:

PERSONAL

If hired, can you furnish proof that you are a U.S. Citizen or otherwise legally permitted to work in the United States?  Yes  No

How were you referred to Arizona Home Care?

Names of relatives working at Arizona Home Care?

Have you been convicted of a felony (not including minor traffic violations) within the last seven years?  Yes  No  
(A conviction will not necessarily exclude you from consideration for employment).

Date: Conviction(s):

City/County/State: Disposition:

Have you ever experienced any adverse professional liability judgments?  Yes  No

If Yes, please explain:

POSITION

Position Desired: Salary Requirements:

Date Available: Have you previously been employed at Arizona Home Care?  Yes  No

Hours Available:  Full-time  Part-time  Temporary or As Needed

Shifts Available:  Days  Evenings  Nights  Weekends

EDUCATION/TRAINING

School Name and Address	Years		Degree/Cert. Obtained	Grade Average	Course Study/Major
	From	To			

High School:

City, State

Vocational/Technical School:

City, State

College/University:

City, State

Graduate School:

City, State

Post Graduate School:

City, State

Military:

City, State

Licensure (current only):

State

License No.

Expiration Date

Specialty:

Certification

Title

Certification Date

Skills:  PC  Internet Other:  Word  Excel  PowerPoint  
 Typing:  Access  Publisher  Lotus Notes  
 Other:  Project  Other: \_\_\_\_\_

Please list any professional memberships or trade associations (excluding ones that indicate race, sex, religion, national origin, etc.):

# ARIZONA HOME CARE is an Equal Opportunity Employer

**Present or Last Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Supervisor/Title:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**Employment Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_  
**Base Salary:** **Beginning \$** \_\_\_\_\_ **(HR/MO/YR)** **Ending \$** \_\_\_\_\_ **(HR/MO/YR)**  
**Total Compensation:** **Beginning \$** \_\_\_\_\_ **(HR/MO/YR)** **Ending \$** \_\_\_\_\_ **(HR/MO/YR)**  
**Job Description:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **May we contact employer?**  Yes  No

WORK EXPERIENCE

**Next Previous Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Supervisor/Title:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**Employment Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_  
**Base Salary:** **Beginning \$** \_\_\_\_\_ **(HR/MO/YR)** **Ending \$** \_\_\_\_\_ **(HR/MO/YR)**  
**Total Compensation:** **Beginning \$** \_\_\_\_\_ **(HR/MO/YR)** **Ending \$** \_\_\_\_\_ **(HR/MO/YR)**  
**Job Description:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **May we contact employer?**  Yes  No

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**Address:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Supervisor/Title:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**Employment Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_  
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**Job Description:** \_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_ **May we contact employer?**  Yes  No

BUSINESS REFERENCES

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone No:** ( ) \_\_\_\_\_

CERTIFICATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and reference checks to give you any and all information concerning my previous employment and any pertinent information that I may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is at-will and for no definite period and may, regardless of the date of payment of my wages and salary, be terminated, at my discretion or at the discretion of Arizona Home Care, at any time without prior notice."

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_