

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION:

Today's Date: _____ Available to Start Date: _____
Position Applying for: _____ Desired Salary-Wage/Hour: \$ _____

[] Full Time [] Part Time

Days Available: _____ (Monday-Friday)
Nights Available _____ (Monday-Friday)
Weekend Days Available: _____ (Saturday or Sunday or Both Days)

Name: _____
Street Address: _____ Phone: _____
City/State/Zip: _____
Social Security Number: _____ - _____ - _____

Are you at least 18 years of age? Yes No

Employment Eligibility: To be employed by Arizona Professional Care Services, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions (for some Jobs).

Please answer the following questions.

- 1. Are you a United States citizen? Yes No
2. Are you an alien authorized to work in the United States? Yes No N/A
3. Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain details in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years? Yes No

If Yes, please provide full details, including dates, places, amounts involved and disposition:

EDUCATION:

Table with 4 columns: Schools/Colleges Attended, Number of Years, Year Graduated, Degree. Includes three rows of blank lines for data entry.

EMPLOYMENT APPLICATION

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

May we contact your current employer? Yes No

Employer: _____

Job Title: _____ Name of Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities: _____

Reason for Leaving: _____ Dates of Employment: _____

Employer: _____

Job Title: _____ Name of Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities: _____

Reason for Leaving: _____ Dates of Employment: _____

Employer: _____

Job Title: _____ Name of Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities: _____

Reason for Leaving: _____ Dates of Employment: _____

Military Service: (A copy of a report of separation from the Armed Services May be required)

1. Are you a veteran? Yes No If yes, list type of discharge: _____

2. Dates of service: (From/To) _____

3. Are you a surviving spouse of a veteran who has not remarried? Yes No Are you a surviving orphan of a veteran? Yes No If yes, dates of service for Veteran: _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Their Position: _____

Company: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

EMPLOYMENT APPLICATION

Name: _____
Their Position: _____
Company: _____
Street Address: _____
City/State/Zip: _____ Phone: _____

Name: _____
Their Position: _____
Company: _____
Street Address: _____
City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, and phone numbers, relationship and how long known for 3 personal references.

Name: _____
Relationship: _____
How Long: _____ Street Address: _____
City/State/Zip: _____ Phone: _____

Name: _____
Relationship: _____
How Long: _____ Street Address: _____
City/State/Zip: _____ Phone: _____

Name: _____
Relationship: _____
How Long: _____ Street Address: _____
City/State/Zip: _____ Phone: _____

LANGUAGE SKILLS: (List all that apply) _____

LICENSING/CERTIFICATION: If a license or certification is required or related to the position for which you are applying, complete the following.

License: _____ Date Issued: _____ Date of Expiration: _____
Issuer/Location of Issuing Authority: _____
License No. : _____
License: _____ Date Issued: _____ Date of Expiration: _____
Issuer/Location of Issuing Authority: _____
License No. : _____
License: _____ Date Issued: _____ Date of Expiration: _____
Issuer/Location of Issuing Authority: _____
License No. : _____

EMPLOYMENT APPLICATION

First Aid/CPR Dates: _____

Last Date of Fingerprint Card: _____

If you do not have these are you willing to get/train? Yes No

SPECIAL SKILLS: Describe any special skills or qualification for this work:

I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Arizona Professional Care Services, to investigate any statement contained in this application, as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all rules regulations and policies of Arizona Professional Care Services.

Applicant Signature: _____

Print Name: _____

Date: _____

Thank you for applying, If your qualifications meet our needs, we will be in contact with you.

Arizona Professional Care Services
Anthem AZ
info@arizonapcs.com