



# Arizona Care Services

## EMPLOYMENT APPLICATION

16413 North 91<sup>st</sup> Street

Suites C145

Scottsdale, Arizona 85260

Phone: 480-447-3262 Fax: 480-630-2066

Email: [Help@ArizonaCareServices.com](mailto:Help@ArizonaCareServices.com)

### APPLICANT INFORMATION

Full Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Which services are you interested in providing? (Please circle)**

ATTENDANT CARE

RESPIRE

HABILITATION

**Do you have OR can you obtain a First Class Fingerprint Clearance Card?**

(This means you are at least 18 years of age, with no arrests, no convictions and are not currently awaiting trial.) YES NO

If YES, Fingerprint Clearance Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Can you provide proof of eligibility to work in the US?**

(Social Security Card, AZ Driver's License, State issued ID Card OR Passport) YES NO

### EDUCATION AND EXPERIENCE

High School (GED) \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

School Address \_\_\_\_\_ Degree Received \_\_\_\_\_

Area of Study \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

School Address \_\_\_\_\_ Degree Received \_\_\_\_\_

Area of Study \_\_\_\_\_

Other (please specify) \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

School Address \_\_\_\_\_ Degree Received \_\_\_\_\_

Area of Study \_\_\_\_\_

Please indicate your experience implementing and documenting performance in individual programs OR any habilitation training you may have received.

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Please indicate your experience providing assistance to meet an individuals' personal, physical and emotional needs:

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**APPLICATION pg. 2** Applicant Name: \_\_\_\_\_

**EMPLOYMENT HISTORY** Please begin with present or most recent employment.

Employer Name \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Employer Name \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Employer Name \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Are you currently employed? **YES NO** May we contact your current employer? **YES NO**

**REFERENCES**

Please provide three (3) non-family references who have personal knowledge about your employment history, education or character. Please have your references complete the reference request forms.

Reference Name \_\_\_\_\_ Relation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reference Name \_\_\_\_\_ Relation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reference Name \_\_\_\_\_ Relation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT** In case of emergency, notify:

Name (relation) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**SIGNATURE**

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any false statements or misrepresentation is sufficient grounds for ending the hiring process or dismissal. In consideration of my employment, I agree to conform to the rules and regulations Arizona Care Services and the State of Arizona Division of Developmental Disabilities. I authorize investigation of all statements contained herein. I understand that no representative of Arizona Care Services other than the hiring manager has the authority to enter into any agreement for employment.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ARIZONA CARE  
SERVICES USE ONLY**

Interview by \_\_\_\_\_ Interview date \_\_\_\_\_