



# Arizona Care Services

## EMPLOYMENT QUESTIONNAIRE

16413 North 91<sup>st</sup> Street  
Suites C145  
Scottsdale, Arizona 85260  
Phone: 480-447-3262 Fax: 480-630-2066  
Email: Help@ArizonaCareServices.com

### APPLICANT INFORMATION

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Applicant Name \_\_\_\_\_ Date: \_\_\_\_\_

Major Cross Streets \_\_\_\_\_

How far are you willing to travel? (please circle): 5 miles 10 miles 15 miles other: \_\_\_\_\_

When are you available to work?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Do you have a reliable vehicle available to you? (Please circle) YES NO

Are you willing to transport individuals in your vehicle? (Please circle) YES NO

How did you hear about Arizona Care Services? \_\_\_\_\_

Do you have a family or individual with whom you will be working? YES NO Name: \_\_\_\_\_

### MATCHING PREFERENCES

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What ages are you willing to work with?

PRE\_SCHOOL (ages 2-6)

YOUNG ADULT (12-18)

SCHOOL AGE (6-12)

ADULT (18+)

Please describe any experience you have working with any of these age groups: \_\_\_\_\_

Do you speak any languages other than English? (Please specify) \_\_\_\_\_

Are you interested in working with multiple clients? (Please circle) YES NO

Are you interested in having your home certified to work from home? (Please circle) YES NO

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

**MATCHING PREFERENCES** Continued

Each client we serve has a variety of individualized needs. The information you provide below will help us as we attempt to find a good match for you. **Are you willing to work with an individual who:** (please circle)

Uses a WHEELCHAIR	YES	MAYBE	NO
Uses BRACES or ASSISTIVE DEVICES	YES	MAYBE	NO
HITS or SCRATCHES	YES	MAYBE	NO
BITES	YES	MAYBE	NO
SPITS	YES	MAYBE	NO
SCREAMS	YES	MAYBE	NO
PULLS HAIR	YES	MAYBE	NO
WEARS INCONTINENCE BRIEFS	YES	MAYBE	NO
Is TUBE FED	YES	MAYBE	NO
Uses a COMMUNICATION DEVICE	YES	MAYBE	NO
Has SEIZURES	YES	MAYBE	NO

Please describe any experience you have working with any of these needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like us to take into consideration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

The information I have provided will be used to find potential clients for me. I understand that schedules are set as a mutual agreement between the employee and the client (client family). I understand I am not guaranteed any specified number of compensable service hours and the client and their family have the right to choose who provides services.

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

Arizona Care Services USE ONLY

Potential Client Match Interview date

Potential Client Match Interview date

Potential Client Match Interview date