



2850 South 36th Street Suite A14
Phoenix, AZ 85034

Ph: 623-444-2318
Fax: 623-742-3781

APPLICATION NOT FULLY
FILLED OUT WILL NOT BE
CONSIDERED

PLEASE PRINT CLEARLY IN BLACK/BLUE INK

Today's Date		Social Security Number:	D.O.B
Name:			
Address:			
Home Phone:	Cel: Phone	Email Address:	
Are you 18 or over Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a United State Citizen or Legal Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Emergency Contact Information:	
Name:	
Address:	Phone:

EDUCATION							
SCHOOL	LOCATION	ATTENDED From To		GRADUATED Yes No		DEGREE	MAJOR
High School or GED							
College or University							
Graduate Professional							
Vocational/Technical							
Other							

CERTIFICATIONS		
	Expiration Date	All new hires must provide copies of the required certifications.
CPR		
FIRST AID		Office Use Only/below this line
ARTICLE IX		
CIT I & II		
FINGERPRINT CARD		
CAREGIVER CERT		
OTHER:		

Do you have experience working with individual with developmental disabilities Yes ☐ No ☐

Have you ever worked for another agency providing: DTA, DTT, Habilitation, Respite Services Yes ☐ No ☐

Have you ever worked one on one with a consumer in home or center based. Yes ☐ No ☐

What position are you applying for: Caregiver ☐ Administration ☐ Respite in home: ☐ ATC: ☐

Your are available to work: Full Time ☐ Part Time ☐ Volunteer ☐ Other: ☐

Have you ever en screened for Hepatitis B Yes ☐, No ☐ Have you been screen for Tuberculosis Yes ☐ No ☐

Please list other skills related or unrelated to the position you are applying for: _____



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Page 2 (Employment History)

EMPLOYEMENT INFORMATION AND VERIFICATION FORM

Employer: Name & Address	Type of Organization		Name of Supervisor		Job Title
	Phone number				
Reason for Leaving	Dates Employed		Salary		___ Full Time ___ Part Time
	From:	To:	Begin	Ending	

Job Duties Described by Applicant)

Applicant's consent to release information

I hereby give permission for the above mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____

Former Employer Complete section Below

Please complete the questions listed below keeping in mind that Home and Community Based Services (HCBS) may be performed unsupervised in the home of the person with developmental disabilities or in the residence/facility of the applicant. Your time and effort in completing this form is appreciated ad strict confidence in regard to your responses will be observed within the provision of the law

State the Length of time you have known the applicant: Years: _____ Months _____

Type of acquaintance Supervisor___ Co-worker___ Friend___ Neighbor___ Other___

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

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Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____



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Page 3 (Employment History)

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Job Duties Described by Applicant)

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Page 4 (Employment History)

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	Phone number				
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Part 5 (Personal Reference)

Personal Reference (The person listed here will be contacted)

Name:

Address:

Phone:

Applicant's Consent for release of information

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Applicant's Signature _____ Date _____

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Page 6 (Personal Reference)

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Page 8 (Certification)

CERTIFICATION

Please read the following statements CAREFULLY before signing this application for employment. Only applications that are signed and dated are considered valid.

I understand that I will be required to take a drug test before being officially hired, and I will be subject to random drug testing (at management's discretion) throughout my employment with Exalted Home Care LLC.

Permission is hereby granted to Exalted Home Care LLC, to conduct any necessary and reasonable investigation with respect to statements and other information in this application for employment. I release Exalted Home Care LLC, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment and character

I agree to furnish other information required of the related to my employment and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient ground for my separation.

I have read and fully understand the questions asked in this application for employment

Signature _____

Date _____

FOR OFFICIAL USE ONLY

Hire Date _____

Application received by: _____ Date: _____

Interview by: _____ Date: _____

Hired Date: _____ Position: _____

Rate of Pay: _____

Additional comments: _____

Insurance Eligibility Date _____