

**Employee Application  
Southern Arizona Family Services Inc.**

<b>For Office Use Only</b>	
Date of Last Interview	Interviewer Name
Hired: Yes <input type="checkbox"/> No <input type="checkbox"/> Indefinite <input type="checkbox"/>	Hire Date
Notes/ Comments:	

<b>Application</b>			
<i>This application must be filled out in its entirety</i>			
Date:	Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call	If hired, date available to begin work:	
Name:		Email Address:	
Address:		City:	State: Zip:
Major Cross Streets:		Specific client? Yes <input type="checkbox"/> No <input type="checkbox"/> Name:	
Cellphone:		Home Phone Number:	
Emergency Contact:		How did you hear about us? Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Internet Ad <input type="checkbox"/>	
Social Security number:		Recommended by: Other:	

<b>Requirements (current)</b>
Do you have your own vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*You must have your own vehicle to apply</i> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Article 9 <input type="checkbox"/> Direct Care Worker <input type="checkbox"/> Prevention and Support <input type="checkbox"/> Class 1 Finger Print Clearance <input type="checkbox"/> Languages: (English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____)

<b>Availability</b>		
Shifts may be early morning or late evening, weekends, once a week or every day.		
<b>What days are you available?</b>	<b>What hours are you available?</b>	
<input type="checkbox"/> Monday	From _____	To _____
<input type="checkbox"/> Tuesday	From _____	To _____
<input type="checkbox"/> Wednesday	From _____	To _____
<input type="checkbox"/> Thursday	From _____	To _____
<input type="checkbox"/> Friday	From _____	To _____
<input type="checkbox"/> Saturday	From _____	To _____
<input type="checkbox"/> Sunday	From _____	To _____

**Personal Data**

Starting wage is \$11.00 per hour. Is this acceptable for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any physical conditions or other limitations which could negatively affect your ability to perform the job for which you are applying? If "Yes" please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have at least 3 months experience, personal or professional, providing services to someone with disabilities or senior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand that you are responsible for obtaining and maintaining current TB test, CPR/First Aid, Article 9 and Fingerprints Clearance Card certifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a crime or been imprisoned? A conviction will not necessarily bar you from employment: If "Yes" please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you <b>Do Not</b> have a current Fingerprints Clearance Card, can you pass a background check to attain one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Some of our shifts are 2-3 hours long a few days a week. A typical schedule could include multiple shifts with different clients that may live close from each other. Can you adapt to multiple shifts and the travel required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sometimes we need last-minute, emergency coverage. Would you be available on short notice for fill-in shifts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Many of our clients require lifting/transfers. Do you have experience or training with lifts and transfers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to assist with lifts/transfers of at least 25 lb?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to <b>lift</b> 100 lbs-150 lbs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to <b>transfer</b> 100 lbs-150 lbs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked at SAFS before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of friends/relatives who are employed by SAFS:		

**Employment History**

*(begin with most recent employer—attach additional sheets if necessary)*

<b>Employer:</b>	From:	To:
Address:	City:	State: Zip:
Phone No.:	Beginning Wage: \$	Ending Wage: \$
Supervisor:	Your job Title:	

Reason for Leaving:  
 Okay to Call? Yes  No   
 I give Southern Arizona Family Services Inc. permission to contact the employer for verification  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Employer:</b>		From:	To:
Address:	City:	State:	Zip:
Phone No.:	Beginning Wage: \$	Ending Wage: \$	
Supervisor:	Your job Title:		
Reason for Leaving:			
Okay to Call? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give Southern Arizona Family Services Inc. permission to contact the employer for verification			
Applicant Signature:		Date:	

  

<b>Employer:</b>		From:	To:
Address:	City:	State:	Zip:
Phone No.:	Beginning Wage: \$	Ending Wage: \$	
Supervisor:	Your job Title:		
Reason for Leaving:			
Okay to Call? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give Southern Arizona Family Services Inc. permission to contact the employer for verification			
Applicant Signature:		Date:	

<b>School History</b>			
<b>High School</b>	Location:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: Diploma <input type="checkbox"/> GED <input type="checkbox"/>
<b>College/School</b>	Location:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Course of Study	Major:	Degree:	
<b>College/School</b>	Location:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Course of Study	Major:	Degree:	

<b>References</b>			
(Must include at least <b>1 professional</b> reference, other 2 may be personal but known at least 1 year)			
<b>Name:</b>		Phone Number:	
Address:	City:	State:	Zip:
Relationship:	Years known:		
<b>Name:</b>		Phone Number:	
Address:	City:	State:	Zip:
Relationship:	Years known:		
<b>Name:</b>		Phone Number:	
Address:	City:	State:	Zip:
Relationship:	Years known:		

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Southern Arizona Family Services Inc, or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effective. I have noted that is Southern Arizona Family Services Inc and Equal Opportunity Employer and as applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National Origin, Disability, or Veteran status. I realize that if I am hired, Southern Arizona Family Services Inc, reserves the right to terminate my employment whenever the need arises.

Signature	Date
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