



# Employment Application

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

How did you hear about this job?: \_\_\_\_\_ Were you referred by an employee?: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary required.: \_\_\_\_\_ per: \_\_\_\_\_

## Education

### Highschool

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years completed?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type?: \_\_\_\_\_

### College

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

### Other

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

Special Courses (Please list any additional training you may have received, including military training, apprenticeship programs, vocational training courses or seminars.):



## Employment History

### Present or Most Recent Employer

Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

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### Additional Employment History

Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_



Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

Briefly describe your long-term career goals:

**Professional Licenses/Certifications**

License/Certification	State	License Number	Date Expires

**References**

(Please do not include family members or relatives)

Name	Current Position and Company	Phone Number

Have you ever been convicted of a felony or misdemeanor offense? \_\_\_\_\_

Please explain: \_\_\_\_\_

Are you legally eligible for employment in the United States of America? \_\_\_\_\_

I certify that the information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability. I understand that any falsification, misrepresentation or omission in my interviews or any other employment record, may be sufficient reason not to hire me or may be reason for dismissal.

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



# Credentials and Training Requirements Acknowledgement

## Items required simultaneously to the execution of the A to Z Home Care LLC Direct Service Workers Agreement:

1. Hepatitis B Vaccination Notice
2. CPR Certification – ONLINE COURSES are not acceptable
3. First Aid Certification – ONLINE COURSES are not acceptable
4. Tuberculosis FREE test results
5. Level 1 Fingerprint Clearance Card
6. Article 9 and DD Training (for DDD services ONLY)
7. CPS background check
8. Criminal History Self-Disclosure (must be notarized)
9. APS background check
10. Confidentiality and HIPAA Compliance

Character reference from 3 independent parties (1 from prior employer)

## Items required simultaneously to the execution of the A to Z Home Care LLC Direct Service Workers Agreement:

Arizona Direct Care Worker Competencies Training Certification

- A. Knowledge and Skills, Fundamentals of Direct Care and Support (level 1)
- B. Knowledge and Skills, Aging and Physical Disabilities (level 2)
- C. Knowledge and Skills, Developmental Disabilities (level 2)

## Items required to be updated Annually:

1. Proof of successfully completing at least six (6) hours of CEU's or other amount required by law.

**By signing below, DCW acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



## Pre-work Safety Precautions and Acknowledgements

**For the Safety, Health, and Well-Being of an A to Z Home Care Member, Caregiver acknowledges that He/ She will IMMEDIATELY notify a member of Management if:**

1. A to Z Client is unavailable to receive services or refuses services.
2. A to Z Client visits the **ER, URGENT CARE** and/or is admitted in the **HOSPITAL**.
3. The Caregiver is to report a **DECLINE** in the client's health.
4. The Caregiver has concerns about the **SAFETY** or **LIVING** conditions.
5. The Caregiver observes **ABUSE** or **SIGNS of ABUSE** to the member.

**Caregiver acknowledges and agrees that He/ She will not:**

1. Attempt to transfer an A to Z Client (manually or using a Hoyer Lift, Gait Belt or other devices) unless said Caregiver has or has had proper training to do so.
2. Administer or set-up Medications.
3. Communicate with any third party (including but not limited to personal visits, phone calls, texts, emails or internet) while providing services unless it relates to the A to Z Client's services or is an **EMERGENCY**.
4. Demand or accept payment, tips or gratuities from the client for any services provided. Caregiver understands that the A to Z Client is not responsible for any service fees.
5. Accept gifts in **ANY form** from A to Z Client.
6. Transport an A to Z Client unless it is in the clients own personal vehicle and a letter has been given to A to Z Homecare office verifying.
7. Report hours that are not authorized by insurance provider or A to Z Homecare LLC. Hours that **CANNOT** be collected are but not limited to: Hospital visits, client being placed in an assisted living facility (respite hours or permanently) or similar facility and vacations.

**By signing below, Caregiver acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Hepatitis B Vaccination Notice and Acknowledgement

The provision of Home and Community Based Services may expose Caregivers to blood and bodily fluids which increase the risk of contracting Hepatitis B and other blood-borne infections and diseases.

Because of this, it is recommended that the caregiver obtains a Hep B vaccination series or other immunizations to protect against blood-borne infections and diseases. Although vaccination is OPTIONAL, Caregiver is required to confirm awareness of these risks.

### Confirmation of Risk:

1. I understand that I am at risk of exposure to blood or bodily fluids.
2. I understand that I am at risk of contracting a blood-borne infection or disease.
3. I will follow standard safety procedures related to blood and bodily fluids.
4. I understand that it is recommended that I be immunized against Hep B and other Blood-borne infections and diseases.
5. I agree that A to Z Home Care LLC Client is not liable if I contract a blood-borne infection or disease.

**By signing below, Caregiver acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



# A to Z Home Care LLC

2550 West Union Hills Drive Suite 350 Phoenix, AZ 85027

480-465-4033

## Company Handbook/Policies and Procedures

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

I have read and understand the A to Z Home Care LLC Handbook.

Once completed, please send application to [homecare@atozhomecare.net](mailto:homecare@atozhomecare.net)