



Employment Application

Date: _____

First Name: _____ M.I.: _____ Last Name: _____

Mailing Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth Date: _____

Telephone #: _____ Email Address: _____

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?: _____

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?: _____

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 email application to atozhomecare16@hotmail.com