

# Caring Connections for Special Needs, LLC (CCSN)

## Application for Employment

CCSN IS AN EQUAL OPPORTUNITY EMPLOYER  
THIS IS A NON-SMOKING, DRUG FREE AGENCY

Date \_\_\_\_\_ Position & Location Applying for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

- Are you a U.S Citizen or legally authorized to work in this country? Yes  No
- Arizona licensing regulations require all employees providing director clinical services to be 21 years of age.  
Are you at least 21 years of age? Yes  No
- Do you have a valid/unexpired Level 1 Fingerprint Card: Yes  No
- Are you interested in working:
  - Regular Full Time Yes  No
  - Regular Part Time Yes  No
  - On-Call Yes  No

If On-Call, what are your preferences on work days and hours, please specify:

Clinicians: Have you ever had an adverse action taken against you by a governing board that provides state or national certification? Yes  No  If Yes, please explain: \_\_\_\_\_

### EDUCATION

1. Name of School: \_\_\_\_\_

Graduate: Yes  No  Degree/ Cert.: \_\_\_\_\_

Major Subject: \_\_\_\_\_

2. Name of School: \_\_\_\_\_

Graduate: Yes  No  Degree/ Cert.: \_\_\_\_\_

Major Subject: \_\_\_\_\_

3. Name of School: \_\_\_\_\_

Graduate: Yes  No  Degree/ Cert.: \_\_\_\_\_

Major Subject: \_\_\_\_\_

**EMPLOYMENT HISTORY**

All applicants considered for vacancies within CCSN must complete an official application form prior to selection and include, at minimum, a five year work history or total work history if employment history is less than five years. List all current and prior employment, starting with most recent employer. **Enclose additional pages if necessary.** DO NOT reference or say "See Resume". Employers will be contacted for references. (You may attach a resume as a supplement.)

Most Recent Employer: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Nature of duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Nature of duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Nature of duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Nature of duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Full Address: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Title: \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Nature of duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Check here if additional pages are attached.

**PROFESSIONAL REFERENCES (please list 3 professional references)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Company: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Company: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Company: \_\_\_\_\_  
Full Address: \_\_\_\_\_

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**GENERAL INFORMATION**

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with CCSN including second languages (Specify) :

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

Most of the positions with CCSN require staff to receive/maintain a drivers' clearance from our insurance company to meet the on-going minimum requirements of the position. Many positions require employees to drive on agency business.

- Do you have a valid Arizona driver's license? Yes  No
- At least \$300,000 liability car insurance? Yes  No
- Have you been found or plead guilty to any speeding, accident, reckless driving or other motor vehicle violations in the last 39 months? (Applicants with 2 or more driving violations cannot be considered for employment if the position requires driving clearance. Periodic driver record checks will be conducted throughout employment. Yes  No
- Have you had a misdemeanor or felony DUI within the past 5 years? (Applicants with a DUI conviction will not be allowed to drive an agency vehicle to transport others.) Yes  No
- Do you have current certification in:  
First Aid Yes  No   
CPR Yes  No
- Do you certify that you are drug-free? Yes  No

Since we are a behavioral health/child welfare agency providing services for children some of who may have experienced prior physical, sexual and/or mental abuse:

- Have you ever been disciplined, terminated or resigned due to your alleged inappropriate behavior towards a child? Yes  No
- Have you ever been disciplined, terminated or resigned due to your alleged sexual or other harassment on the job? Yes  No
- Have you ever been convicted of or plead guilty or *nolo contendere* to a felony or any offense(s) listed on the Dept. of Public Safety Fingerprint Clearance Class I Card eligibility list you have received? Yes  No

Answering "Yes" will not necessarily disqualify an applicant from employment (depending upon the position). If you answered "Yes" to item (a), (b), or (c), please explain by giving details of situation including date, place and circumstances:

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

**APPLICATION CERTIFICATION/WAIVER**

If you are selected for employment at Caring Connections for Special Needs, LLC, you will be required to furnish proof of your identification and authorization to work in the United States of America

If you are selected for employment at Caring Connections for Special Needs, LLC, you will be required to provide evidence of fingerprinted by the Department of Public Safety (DPS) with continuing employment contingent upon clearance.

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**READ CAREFULLY BEFORE SIGNING – IF NOT UNDERSTOOD, SEEK COMPETENT LEGAL ADVICE**

Caring Connections for Special Needs, LLC (CCSN) does not discriminate on the basis of race, color, religion, sex, national origin, age (over 40), non-job related handicap or disability or any other basis prohibited by the law.

I understand that if I am hired, I will be employed at the will of CCSN and may be discharged by CCSN at any time without cause, prior notice or warning. I understand that no administrator, manager or other representative of CCSN may enter into any other type of employment agreement with me, either expressed or implied, and none will be recognized at any time regardless of my lengths of employment. I understand that the only exception to the above policy of at-will employment is a written employment contract signed by the Chief Executive Officer of CCSN and designated as an Employment Agreement. I understand that this policy of at-will employment will not and cannot be modified by anyone at any time.

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, universities or other institution of learning, administrator, state agency, federal agency, private business, personal reference and/or other persons, to give records or information they may have concerning motor vehicle history, wages earned, character, and employment records or any other information requested by CCSN or any agent named by CCSN. I, voluntarily and knowingly, unconditionally release and forever discharge CCSN and any named or unnamed informant from any and all liability related to obtaining, furnishing or using this information. This authorization will be valid from the date signed and continue for as long as I am employed by CCSN and a photographic or faxed copy of the of the authorization shall be valid as the original.

I certify that my statements on this application and any supporting documents and my response to all of the foregoing questions are true and correct, and there is no information that I have omitted, misrepresented or failed to include. If any of my statements or responses on this application are found to be untrue, misrepresented or omitted, I understand that such a finding may result in the rejection of my application, and, if employed, my immediate discharge or discharge at any time during my employment.

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

Printed Name: \_\_\_\_\_

Caring Connections for Special Needs – 921 S. Prudence Rd. – Tucson, AZ 85710 – 520-686-9436