



Acacia Care, ^{LLC}

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www.acaciacare.net

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Personal Information

Name (Last, First, MI):	SSN:
Street Address:	City, State, Zip:
Phone:	Fax:
Cell Phone:	Email Address:

Employment Information

Position applied for:	Employment Desired? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On-Call
Date you can start:	Salary Desired:

How Were You Referred to Us?:

Education

	Name & Location of School	Major	Years Attended	Degree Received
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer.

May we contact your current employer? Yes No

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No):	Dates Employed:	Salary:
Street Address:	City, State, Zip:	
Phone:	Fax:	
Job Title:	Supervisor:	
Duties Performed:		
Reason(s) for leaving		

Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No):	Dates Employed:	Salary:
Street Address:	City, State, Zip:	
Phone:	Fax:	
Job Title:	Supervisor:	
Duties Performed:		

Reason(s) for leaving		
Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No):	Dates Employed:	Salary:
Street Address:	City, State, Zip:	
Phone:	Fax:	
Job Title:	Supervisor:	
Duties Performed:		
Reason(s) for leaving		

Additional Information

List any languages other than English that you can speak, read or write:

Do you know Sign Language? Yes No

Have you been CPR / First Aid Certified? Yes No

If Yes, list expiration date

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Are you able to safely lift 50 pounds without assistance? Yes No

Driver Information

Drivers License Number	State Issued	Expiration Date
Have you had any traffic violations, accidents or convictions within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of Driving Under the Influence (DUI)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your Drivers License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Eligibility

Have you ever been convicted of a felony or a misdemeanor? Yes No

If Yes, please explain

Can you provide proof of U.S. Citizenship or proof of your legal right to work in the U.S.? Yes No

References

List three persons not related to you who have knowledge of your performance /character within the last 5 years.

Name	Occupation
Relationship and years known	Contact Number
Name	Occupation
Relationship and years known	Contact Number
Name	Occupation
Relationship and years known	Contact Number

Acknowledgement and Authorization

- I certify that answers given herein are true and complete to the best of my knowledge
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application shall be considered active for a period of one year. Any applicant wishing to be considered for employment beyond one year should inquire as to whether applications are being accepted at that time.
- I understand that, dependent on job assignments, Agency employees are fingerprinted and need to be cleared by DES Office of Investigations.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date