



Choose Home

EXPERIENCE YOU CAN TRUST

9324 E Raintree Drive, Suite 100 • Scottsdale, Arizona 85260-2098 • Tel (480) 451-8183 • Fax (480) 451-4915 • email info@AffordableHomeCare.com • Web site www.Choose-Home.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Referral Source: _____ Applying For: F/T Hourly P/T Hourly 24hr Live-In _____

Name (Last)	First	(Middle)	Social Security No.	
Home Address		Apt. #	City	State Zip Code
County	Major Cross Streets		How Long?	
Previous Address		City	State	Zip Code
County	Major Cross Streets		How Long?	
Home Phone No.		Cell Phone No.	Pager No.	

Certification

Are you CNA or Certified Caregiver?	How Long?	License No.	Exp. Date
Are you CPR Certified?	Exp. Date	Are you First Aid Certified?	Exp. Date

HIGHEST LEVEL OF EDUCATION: _____ HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

IF SO, PLEASE EXPLAIN: _____

IF POSITION REQUIRES DRIVING, DO YOU HAVE A CURRENT DRIVER'S LICENSE? _____

DO YOU HAVE A VEHICLE? _____ DO YOU CARRY CAR INSURANCE? _____

ARE YOU WILLING TO TRANSPORT CLIENTS IN THEIR VEHICLE? _____ IF NOT, PLEASE EXPLAIN: _____

DO YOU HAVE EXPERIENCE WITH HOYER LIFTS? _____

CAN YOU LIFT/TRANSFER A CLIENT? _____ WITH ASSISTANCE UP TO WHAT WEIGHT? _____

HAVE YOU OR ANY MEMBERS OF YOUR FAMILY EVER BEEN EMPLOYED WITH AHCS BEFORE? _____

WHEN? _____

Please complete back of form

PREVIOUS EMPLOYERS

PLEASE LIST LAST 5 YEARS OF EMPLOYMENT HISTORY. USE A BLANK SHEET OF PAPER IF NECESSARY. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE ()

COMPANY NAME

CITY

STATE

FROM TO
DATE EMPLOYED

JOB TITLE

SUPERVISOR'S NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

PHONE ()

SECOND MOST RECENT EMPLOYER

COMPANY NAME

CITY

STATE

FROM TO
DATE EMPLOYED

JOB TITLE

SUPERVISOR'S NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

PHONE ()

THIRD MOST RECENT EMPLOYER

COMPANY NAME

CITY

STATE

FROM TO
DATE EMPLOYED

JOB TITLE

SUPERVISOR'S NAME

DUTIES

SALARY PER (HOUR, WEEK, MONTH)

REASON FOR LEAVING

DAYS AVAILABLE: NIGHTS AVAILABLE: WEEKENDS AVAILABLE:

HOURS PREFERRED: AVAILABLE FOR 24 HOUR LIVE-IN CARE:

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK?

EXPERIENCED COOK? YES NO

MANY OF OUR CLIENTS REQUEST NON-SMOKING COMPANIONS, DO YOU SMOKE? HOW OFTEN?

ARE YOU AGREEABLE TO RANDOM DRUG TESTING?

ALL ABOVE STATEMENTS ARE TRUE AND I UNDERSTAND THAT AFFORDABLE HOME CARE SOLUTIONS, L.L.C. WILL BE DOING A THOROUGH BACKGROUND CHECK AND CALLING ALL REFERENCES. I FULLY UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON THE RESULTS OF MY BACKGROUND AND REFERENCE CHECKS.

APPLICANT'S SIGNATURE DATE

INTERVIEWER DATE

**Disclosure to Employment Applicant
Regarding Procurement of A Verification of Employment**

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

By your signature below, you hereby authorize us to obtain the information from your previous employers in order to consider you for employment.

Applicant's Name:

Applicant's Address:

City / State / Zip:

Signature:

Social Security Number:
