



Verde Valley Caregivers Coalition

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## Employment Application Form

### Personal Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you eligible to work in the US? Yes \_\_\_ No \_\_\_

Have you been convicted of a felony in the last 5 years? Yes \_\_\_ No \_\_\_ If yes, explain:

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

Position Applying for: \_\_\_\_\_

What date can you start work? \_\_\_\_\_

### Education

School Name & Address, Degree or Certificate, Graduation Date

High School \_\_\_\_\_

College or Trade School \_\_\_\_\_

2nd College or University \_\_\_\_\_

### Skills

Licenses — Name & Date: \_\_\_\_\_

Training — Name & Date: \_\_\_\_\_

Awards — Name & Date: \_\_\_\_\_

Other Skills: \_\_\_\_\_

### Computer Skills (PC)

Experience with Assisted Rides? Yes \_\_\_ No \_\_\_

Other Applications: (MS Office, Word, Adobe Acrobat Pro., etc:

\_\_\_\_\_

## Current or Last Position

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Wages/Salary: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your current employer? Yes \_\_\_ No \_\_\_

## Previous Position

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Wages/Salary: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## References

Name / Relationship / Address / Phone / Email

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above and authorize a background check to be done.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date