



Verde Valley Caregivers Coalition
299 Van Deren #2 Sedona, AZ 86336

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director@vvcaregivers.org www.vvcaregivers.org

Employment Application Form

PERSONAL INFORMATION

Name: _____

Street
Address: _____

City, State,
Zip: _____

Phone: _____ Cell Phone: _____

Email
Address: _____

Are you eligible to work in the US? Yes___ No___

Have you been convicted of a felony in the last 5 years? Y___ No___

If yes, please explain:

POSITION/AVAILABILITY

Position Applying for:

Availability: DAYS M_ Tu_ W_ Th_ F_ Sa_
HRS From_____ To_____

What date can you start work? _____

EDUCATION

School Name & Address - Type of Degree -
Graduation Date:

SKILLS

Licenses - Name & Date:

Training - Name & Date:

Awards - Name & Date:

Other Skills:

Computer Skills (PC only):

Level of Skill - (S)ome (V)ery Good (E)xpert

MS Windows XP S__ V__ E__

MS Windows 7 S__ V__ E__

MS Office 2019 S__ V__ E__

Word S__ V__ E__

Excel S__ V__ E__

Publisher S__ V__ E__

Power Point S__ V__ E__

Access S__ V__ E__

Outlook S__ V__ E__

Explorer S__ V__ E__

MS Office 365 S__ V__ E__

Word S__ V__ E__

Excel S__ V__ E__

Publisher S__ V__ E__

Power Point S__ V__ E__

Access S__ V__ E__

Outlook S__ V__ E__

Explorer S__ V__ E__

Adobe Reader S__ V__ E__

Adobe Acrobat S__ V__ E__

Adobe Photoshop S__ V__ E__

Adobe InDesign S__ V__ E__

Assisted Rides S__ V__ E__

Intuit QuickBooks Pro S__ V__ E__

Other Software

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__

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

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. _____
