

# **The Guardian Care Group**

## **Application for Employment**

PLEASE PRINT ALL INFORMATION LEGIBLY

Completion of this form in no way constitutes an offer of employment. The information is required to provide the agency with information necessary to consider you for the position for which you are applying. All information contained on this application is subject to verification. The Guardian Care Group, through the State of Arizona will conduct background checks, included, but not limited to, work references, driving records, criminal records, fingerprinting and education attainment.

Today's Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(Last, First, MI)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Numbers: Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_  
(include area codes)

Personal Email Address: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you provide verification of your eligibility to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for a Group Home Facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what is the name of the facility: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe the situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EDUCATION AND TRAINING**

Proof of your degree, license, professional certification will be required upon hire

High School, College, University,  
Trade or Business School (s)

City/State  
(List Campus Attended)

Degree/Diploma  
Year Earned

_____	_____	_____
_____	_____	_____
_____	_____	_____

## CURRENT LICENSES, PROFESSIONAL CERTIFICATIONS

Examples of professional certifications can be but are not limited to: CPR/First Aid cert., Article 9 cert., etc.

Name of license, certification, or professional registration	Accreditation/Institution State Received	Year Received	Expiration Date

## EMPLOYMENT HISTORY

Our Policy is to verify the most recent three (3) years of employment history by contacting current and prior employers. If we cannot contact a specific employer, please explain the reason in the spaces provided. Account for all time, including self employment, gaps in employment, or periods of unemployment.

Please list any other names you have used while employed: \_\_\_\_\_

#1) DATES OF EMPLOYMENT From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Duties you had at the company: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per Week, Month, Year? \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" please explain why? \_\_\_\_\_

#2) DATES OF EMPLOYMENT From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Duties you had at the company: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per Week, Month, Year? \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" please explain why? \_\_\_\_\_

#3) DATES OF EMPLOYMENT From (Mo/Yr): \_\_\_\_\_ To (Mo/Yr): \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Company Phone #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Duties you had at the company: \_\_\_\_\_  
 \_\_\_\_\_  
 Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Per Week, Month, Year? \_\_\_\_\_  
 May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "No" please explain why? \_\_\_\_\_  
 \_\_\_\_\_

### PROFESSIONAL REFERENCES

Required for applicants with NO prior work history

This page MUST be completed if you do not have employment history. Please list names and contact information of five (5) professional references (current and/or former) teachers, professors, volunteer coordinators, internship managers, etc.) who may be contacted.

Name	Professional Relationship	Phone Number	E-mail Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete this page as the position you are applying for will require you to drive a vehicle as part of your job responsibilities.

I understand to operate a personally owned vehicle or fleet motor vehicle for the furtherance of State business purposes I must have an acceptable driving record and complete applicable driver training as required by Arizona Administrative Code R2-10-207 (11).

I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits the release of my Motor Vehicle Record for reasons other than matters of motor vehicle or driver safety.

I understand I may be asked and would be responsible for providing a copy of my thirty-nine (39) month motor vehicle record history if I do not have a current Arizona driver license.

Name (print as it appears on your driver license): \_\_\_\_\_

Do you have a current valid U.S. driver license? Yes \_\_\_\_\_ No \_\_\_\_\_ State of Issue: \_\_\_\_\_

Driver License Number: \_\_\_\_\_



**Applicant Name:** \_\_\_\_\_  
(Last, First, MI)

<b>CERTIFICATION AND AGREEMENT</b>
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I certify that all the information provided in this application and in support of this selection process (i.e., resume) herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications may cause forfeiture on my part of all eligibility to any employment with The Guardian Care Group, and may be cause for rejection of this application and further employment. In addition, I give The Guardian Care Group and the State of Arizona the right to run a full background check and investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, individual or educational institution assisting The Guardian Care Group in providing relevant, job-related information that will assist in the process.

**My signature below certifies that I have read and understand this application and agree to the terms and conditions outlined in the document.**

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

Applicant Signature: \_\_\_\_\_

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