



**Employment Application**

Name: \_\_\_\_\_ Desired Position: \_\_\_\_\_

Today's Day: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License/ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Message Number: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Availability: \_\_\_\_\_ Any other language Spoken? \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ (If you are not 21 and over you cannot transport)

Please list all Professional and or person experience as a Direct Care Worker. If none, please write below NONE.

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

**Employment History**

Employer Name: \_\_\_\_\_ from: \_\_\_\_\_ To: \_\_\_\_\_

Phone#: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for separation: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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

May we contact your last employer: Yes No \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If Yes please explain Date, Time, Offense:

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



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**References:** Please provide 3 references (1 family member, 2 non-family member), that knows you the best.

<b>Reference #1</b>	<b>Reference #2</b>	<b>Reference #3</b>
Name:	Name:	Name:
Phone#:	Phone#:	Phone#:
Email:	Email:	Email:
Relationship:	Relationship:	Relationship:
Years known:	Years Known	Years Known:

Below please circle all certification that you currently have.

Level One Fingerprint Clearance Card – Article 9 – First Aid – CPR –

Principles of Caregiving 1 Fundamentals – Principles of Caregiving 2 DD –

Prevention and Support of behaviors – Medication Administration – CNA Training –

Based on State regulations, TPHLLC requires employees to pass a background check thru Child Protective services, Adult Protective Services, Medicare, Medicaid, and the Arizona Department of Public Safety.

I \_\_\_\_\_ (print name), give TPHLLC permission to run a background check for the above Departments. By signing this application, I am aware that I must be able to obtain a Level One Fingerprint Clearance Card from the Arizona Department of Public Safety.

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

**OFFICE USE ONLY BELOW**

Hired: yes \_\_\_\_\_ no \_\_\_\_\_

Start date: \_\_\_\_\_ Position offered: \_\_\_\_\_ Hrly pay: \_\_\_\_\_