



Employment Applicant Information

Full Name: _____ Date: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Experience and Certifications

I have 3 or more months of professional and/or personal experience with the following (Check all that apply):

- | | |
|--|--|
| _____ Working in a Group Home | _____ Working with a Child |
| _____ Working in a Medical Setting | _____ Working with an Elderly Individual |
| _____ Working in a Special Needs Classroom | _____ Working with an Adult with a Disability |
| _____ Working in a Daycare Center | _____ Working with an Individual with Autism |
| _____ Providing Habilitation | _____ Providing Respite |
| _____ Providing Attendant Care | _____ Working with an Individual with Epilepsy |
| _____ Working with an Individual with a Cognitive or Developmental Disability | |
| _____ Working in a Day Program for Individuals with Developmental Disabilities | |

I have current certification for the following (Check all that apply):

- | | | |
|---|--|--------------------------------|
| _____ CPR & First Aid | _____ Article 9 | _____ Prevention & Support/ABA |
| _____ Medication Administration | _____ Seizure Management | _____ Habilitation Training |
| _____ Principles of Caregiving 1 (Fundamentals) | _____ Principles of Caregiving II (Developmental Disabilities) | |
| _____ Level One Fingerprint Clearance Card | _____ RN/CNA License | |



Authorization for Background Check

I give Elevated Care AZ permission to run the following background checks:
please initial each line authorizing each individual background check

_____ Child Protective Services
_____ Medicare, Medicaid

_____ Adult Protective Services
_____ Arizona Department of Public Safety

Name: _____ Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____ Alias: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____