

In Angel Arms, LLC.
24015 W. Zak Rd., Buckeye AZ 85326
Phone: 623.327.9983 Fax: 623.327.9952

APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire – An equal opportunity employer

Name: _____
Last First MI

Address: _____
Street or PO Box City State Zip

Mobile: _____ Social Security Number: _____

Position Applying for _____ Birthdate: _____
MM/DD/YYYY

Are you a US Citizen or Resident Alien authorized to work in the United States? Yes No

WORK EXPERIENCE

List last five years of work history (start with most recent job). Attach more sheets if needed. Manager Designee must have a minimum of 36 months of health care related experience if Manager manages more than one facility a time. **All workers of In Angel Arms LLC are contracted workers and responsible for their own taxes, State and Federal.**

TO BE COMPLETED BY APPLICANT:

Dates Employed	Employer Information	
From:	Contact Person:	Position Held:
To:	Phone:	Address:
From:	Contact Person:	Position Held:
To:	Phone:	Address:
From:	Contact Person:	Position Held:
To:	Phone:	Address:
From:	Contact Person:	Position Held:
To:	Phone:	Address:

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TO BE COMPLETED BY HIRING INDIVIDUAL (to verify fitness to work):

Date verified:	Person spoken to
	Comments
Date verified:	Person spoken to
	Comments
Date verified:	Person spoken to
	Comments
Date verified:	Person spoken to
	Comments

All workers and volunteers of an Assisted Living Center must submit to a background check with the Department of Public Safety, or have a current valid DPS clearance card.

To the best of my knowledge all information provided on this application is true. I understand that providing false information on this application is grounds for termination.

REFERENCES

TO BE COMPLETED BY APPLICANT (optional)

Professional Work Reference Information					
1	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Manager's Name:</td> <td style="border: none;">Phone:</td> </tr> <tr> <td colspan="2" style="border: none;">Address:</td> </tr> </table>	Manager's Name:	Phone:	Address:	
Manager's Name:	Phone:				
Address:					
2	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Manager's Name:</td> <td style="border: none;">Phone:</td> </tr> <tr> <td colspan="2" style="border: none;">Address:</td> </tr> </table>	Manager's Name:	Phone:	Address:	
Manager's Name:	Phone:				
Address:					

Applicant Signature

Date

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For hiring individual only DO NOT COMPETE BELOW THIS LINE

Interviewer's Impressions:

Interviewer ONLY [Licensee or Manager] check applicant qualifications:

Freedom from TB Must be within 12 months prior hiring	Date of statement:	Attach copy
Caregiver Certification	Level of Certification: Training School name: Date of last C.E.U. <u>Assisted Living Training School, LLC, Inc.</u>	Attach copy
Manager Certification	Certificate Number:	Attach copy
Fingerprinting Clearance DPS	Date and Time checked, DPS Representative badge number: DPS Representative spoken to: Or copy of online check page	Attach copy of front and back of the card
First AID Training CPR Training	Expiration Date: Expiration Date:	Attach copy of front and back of the card

Applicant accepted for employment? Yes No

If Yes, Enter Start Date: _____

Hiring person's Name _____

Signature _____

Leave of Absence: Start Date: _____ Duration: _____
 MM/DD/YYYY [Maximum 6 months]

Return Date: _____

Date of termination: _____ Reason for termination:
 MM/DD/YYYY

