



1402 South Mountain Avenue, Phoenix, AZ 85042
Phone: 602-243-4231 Fax: 602-218-3270

Application for Employment

Requirements:

- 18 years of age – 21 or 25 for some positions
- High School Diploma/GED or equivalent experience
- Certification/License (if required for position)

Date: _____

Personal Data

Full Name _____

Last

First

Middle

Preferred Name/Nickname: _____

Address _____

Current Street Address

City

State

Zip Code

Contact Number(s): Home: _____ Mobile: _____

E-mail Address: _____

Social Security Number: _____ - _____ - _____

How did you hear about us?

Referral – Employee Name: _____

Careerbuilder.com Jobing.com Other Job Board: _____

Newspaper Job Fair – Name/Date of Event _____

Other: _____

Employment Desired

Position you are applying for: CCA CNA HT LPN RN

Other: _____

Employment Desired (cont.)

Location(s) you are applying for:

- Hacienda HealthCare
- Hacienda SNF (Skilled Nursing Facility) Hacienda ICFMR (Intermediate Care Facility for the Mentally Retarded)
- Hacienda's Group Homes* Hacienda's Medical Group Homes* DTA* (Day Treatment Program)
- Innovative Home Health Care Los Niños Hospital South Mountain Health Supply

* (must be 25 years of age and have a clean MVR to be a driver)

Shift Preference(s):

- Full-time Part-time
- Day- 12 hour shift NOC- 12 hour shift
- PRN (Pool/On call)

Date available for work: _____ **Hourly/salary requirement:** _____

Have you ever worked for Hacienda HealthCare or its affiliates before? Yes No

If yes, please provide dates: _____

Is anyone related to you employed by Hacienda HealthCare? Yes No

If yes, please give his/her name and relationship to you:

Are you legally eligible to work in the United States? Yes No

(Proof of eligibility will be required upon offer of employment)

Are you at least 18 years of age? Yes No At least 25 years of age for HT/Drivers? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a crime other than a minor traffic offense*? Yes No

If yes, please provide details including date, location, nature of offense and disposition:

**(A misdemeanor conviction does not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime and rehabilitation will be considered).*

If hired, can you lift at least 50 lbs, with or without accommodation if the job requires it? Yes No

Do you have a valid driver's license? *(Required only for driving positions)* Yes No

Have you been convicted of any moving violations in the past five years? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, veteran status, disability, or any other legally protected status under local, state or federal laws.

Education

CIRCLE HIGHEST GRADE COMPLETED: HIGH SCHOOL 9 10 11 12 COLLEGE 13 14 15 16 17 18 19 20

HIGH SCHOOL:

Name

Address

City

State

Year Graduated: _____

DIPLOMA OR GED: Yes No

COLLEGE: (List all whether or not degree was obtained)

NAME	Address	Contact #	Dates	MAJOR FIELD OF STUDY	DEGREE

Additional job-related seminars, courses, workshops or other education experiences: _____

Please list any job-related clubs, professional societies, or other associations to which you belong: ____

Do you fluently speak and write the English Language? Yes No

Languages, other than English,
please indicate:

Language	Speak	Write	Read

Have you received any job-related training in the United States Military? Yes No

If yes, Please give dates and explanation: _____

**You may omit those that indicate your race, religion, color, national origin, ancestry, gender, and age, other status protected by applicable law.*

Professional License or Membership

Type of License(s) Held _____

State of Arizona License Number _____ License Expiration Date _____

Other Professional Memberships _____

Has your license or professional certification ever been under Board Review, Restriction or Stipulation? Yes No

If yes, Please give dates and explanation: _____

**You may omit those that indicate your race, religion, color, national origin, ancestry, gender, and age, other status protected by applicable law.*

Employment Experience

Please give accurate, complete full-time and part-time employment record. Start with current or most recent employer.
All information must be included, even if you are attaching a resume. Please attach an additional sheet if necessary.

Current Employer	Work Performed
Address	
City/State/Zip Code	
Telephone/Fax Number(s)	
Job Title Supervisor	Reason for leaving: May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed FROM: _____ TO: _____	Hourly Rate/Salary STARTING: _____ FINAL: _____

Explain any time between jobs:

Employer	Work Performed
Address	
City/State/Zip Code	
Telephone/Fax Number(s)	
Job Title Supervisor	Reason for leaving
Dates Employed FROM: _____ TO: _____	Hourly Rate/Salary STARTING: _____ FINAL: _____

Explain any time between jobs:

Employer	Work Performed
Address	
City/State/Zip Code	
Telephone/Fax Number(s)	
Job Title Supervisor	Reason for leaving
Dates Employed FROM: _____ TO: _____	Hourly Rate/Salary STARTING: _____ FINAL: _____

Explain any time between jobs:

Employer	Work Performed
Address	
City/State/Zip Code	
Telephone/Fax Number(s)	
Job Title Supervisor	Reason for leaving
Dates Employed FROM: _____ TO: _____	Hourly Rate/Salary STARTING: _____ FINAL: _____

References

All successful applicants must provide a minimum of three (3) satisfactory references. Of the three (3), at least two (2) must be professional references – this includes: former/current supervisors, co-workers, teachers and classmates. One (1) of the (3) references provided can be a personal reference. *Note – persons listed cannot be relatives (includes in-laws).*

Please provide letters of reference or recommendation – if you do not have letters please provide complete contact information below for (3) references:

Name: _____ **Title:** _____
Company: _____ **Email:** _____
Relationship: _____ **City/State:** _____
Contact Number: (____) _____ **Fax:** (____) _____

Name: _____ **Title:** _____
Company: _____ **Email:** _____
Relationship: _____ **City/State:** _____
Contact Number: (____) _____ **Fax:** (____) _____

Name: _____ **Title:** _____
Company: _____ **Email:** _____
Relationship: _____ **City/State:** _____
Contact Number: (____) _____ **Fax:** (____) _____

Verification of Previous Employment

I, _____, have applied for a position at Hacienda HealthCare and give my permission to former employers (listed below) to release any information regarding my past employment requested by Hacienda HealthCare or its affiliates:

1. _____
Company Name Phone Number Fax Number

Address: _____ City/State/Zip: _____

2. _____
Company Name Phone Number Fax Number

Address: _____ City/State/Zip: _____

3. _____
Company Name Phone Number Fax Number

Address: _____ City/State/Zip: _____

Applicant Name – please print

Signature of Applicant

Date

Disclosure Notice for Consumer Reports

In connection with your application for employment or assignment for Hacienda HealthCare, information may be obtained about you from a consumer reporting agency. A consumer report and/or an investigative consumer report may be requested on you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, and/or credit indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or law enforcement agencies.

A consumer report and/or an investigative consumer report may be obtained at any time during the application process and if hired, during your continued employment or assignment. A consumer report containing injury and illness records and medical information may be obtained, if required, after a tentative offer of employment has been made. You have the right, upon written request made and after the receipt of this notice, to request a disclosure of the nature and scope of the investigative consumer report.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Agreement and Signature

Read Carefully Before Signing: I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information. In consideration of my employment, I agree to conform to the rules, policies and regulations of your company. I understand that failure to abide by this employment requirement will result in disciplinary action or termination of employment. And I acknowledge that my employment can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself. I further understand that no policy, benefit, or procedure contained in any employee handbook creates an employment contract for any period of time. In addition, no term or conditions of employment contrary to the foregoing should be relied upon, except for those made in writing by the CEO of the Company. I further acknowledge that the employer reserves the right to change the terms and conditions of employment, including the employee job duties, working hours, and employment policies at any time.

I agree and hereby authorize Hacienda HealthCare or its affiliates to conduct an investigation of all statements contained in this application, and any company form completed by me for employment as may be necessary in arriving at an employment decision. I authorize all previous employers or other persons who have knowledge of my records, to release such information to Hacienda HealthCare, its affiliates, their agents, or me.

I understand that if offered a position with Hacienda HealthCare, I will be required to submit to a pre-employment medical examination, Fingerprint clearance, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. In addition, I understand a pre-employment urinalysis is required and that random drug testing is performed, and that my refusal to do so will be grounds for termination of my employment.

My signature certifies that I have read and agree with the above statements.

Signature of Applicant: _____ **Date:** _____

Thank you for completing this application and for your interest in our Company!

*****For Internal Use Only*****

Tour Date (if applicable):

Date of Interview:

Name of Interviewer(s):

Comments/Request to Hire notes:



**HACIENDA
HEALTHCARE**

1402 E. South Mountain Ave.

Phoenix, AZ 85042

(602) 243-4231 Ext. 179 – Fax: (602) 218-3270

Hacienda HealthCare advances the expenses for pre-employment Fingerprints, Drug Testing, and Physical.

If hired, you will have the option to have the deductions to cover these costs come out of your first or your first and second paycheck.

Pre-Employment Expenses

- ❑ **Fingerprints and Fingerprint Application: Cost \$69.00***
**If you already have a Fingerprint Clearance card – you will not be charged this fee.*
- ❑ **Drug Testing:** Banner Occupational Health (*within 24 hours*): **Cost \$28.00**
- ❑ **Physical Exam:** Banner Occupational Health (*with 50 lb. Lift test*): **Cost \$50.00**

After completing 90 days of employment you will be reimbursed for cost of the drug-testing and physical exam.

Any questions regarding these charges, or this process should be directed to Human Resources.

*****Please keep this page for your information*****