



DIRECT CARE WORKER EMPLOYMENT APPLICATION

Instructions: We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. All information given will be held in strict confidence. Please make sure you fill out the questions.

Source of Hope is an equal-opportunity employer. This application will not limit or exclude any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Company Representative.

APPLICANT INFORMATION			
Name - Last: _____ First: _____ Middle: _____			
Previously Held Names: _____			
Mailing Address: _____			
City	State	Zip:	Cell phone info Is it a Smart phone? ☐ Yes ☐ No Is it Text capable? ☐ Yes ☐ No
Phone - Home: _____ Work: _____ Cell: _____			
Email Address: _____		Social Security Number _____	
Are you over 18 years old? Y ☐ N ☐ Date of Birth (mm/dd/Year _____			
year): Emergency Contact Name and Phone: _____			
Primary Language: _____		Secondary Language: _____	
How did you hear about working for Direct Care Specialist? _____			
How do you wish to be contacted? ☐ Phone ☐ Email ☐ Mail			

ADDITIONAL INFORMATION/EXPERIENCE		
Current Driver's License?	☐ Yes ☐ No	Comments/Explanations:
Current CPR certification?	☐ Yes ☐ No	
Current First Aid certification?	☐ Yes ☐ No	
Can you cover on short notice?	☐ Yes ☐ No	
Any restrictions, such as working with certain pets, smokers, or heavy lifting?	☐ Yes ☐ No	
Are you a US Citizen or approved to work in the United States?	☐ Yes ☐ No	

CRIMINAL CONVICTIONS
Have you ever been convicted of a crime? ☐ Yes ☐ No (If yes explain convictions, dates, and sentences imposed. Convictions will not necessarily prohibit employment but will be considered in relation to specific job requirements.)

LOCATIONS YOU CAN WORK/AVAILABILITY TO TRAVEL
Which areas are you willing to travel to for work (circle or list locations):
Phoenix Mesa Glendale Scottsdale Tempe Gilbert Chandler Tucson Paradise Valley
Other _____
Buckeye Goodyear Litchfield Park Surprise Tolleson Avondale El Mirage Peoria Sun City Laveen Other: _____

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DAYS AND TIMES YOU ARE AVAILABLE TO WORK							
	SUN	MON	TUE	WED	THU	FRI	SAT
Start Time							
End Time							

EMPLOYMENT TYPE PREFERENCE	
☐ Full-Time	☐ Part-Time

EDUCATION				
LIST YOUR EDUCATIONAL BACKGROUND BELOW, INCLUDING HIGH SCHOOL, ALL COLLEGES, AND TRADE AND MILITARY SERVICE SCHOOLS. <i>YOU MUST PROVIDE AT LEAST 1 EDUCATIONAL INSTITUTION(S)</i>				
Type of School	Name of School	Location (Complete Address)	Last grade Completed	Major & Degree
High School				
College/ Business/ Trade School				

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EMPLOYMENT HISTORY			
Please list your previous employers, starting with your current or most recent employer.			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

REFERENCES

List three references that can verify your character and work history (*Required per Arizona Health Care Cost Containment System Medical Policy Manual Chapter 1200*).

1. A Previous Employer	Reference Name:	Phone:
Company Name:		Applicant Employment Dates:
Reference Title:		Applicant Job Title:
Additional Information:		
2. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		
3. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		

Please list below the skills and qualifications you possess for the position for which you are applying:

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Military

Are you a member of the Armed Services?

☐ Yes

☐ No

Voluntary Disclosure

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or another protected characteristic.

This employer is subject to certain governmental recordkeeping and reporting requirements for administering civil rights laws and regulations. To comply with these laws, we invite qualified applicants to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable). Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. **The information you submit will be kept confidential** and may only be used per the provisions of applicable laws, executive orders, and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Sex/Gender

- ☐ Male
☐ Female
☐ I choose not to provide my gender.

Ethnic Background

- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- OR CHOOSE TO IDENTIFY A RACE AS LISTED BELOW**
- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- ☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

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☐ I choose not to provide race information.

APPLICANT STATEMENT

AT-WILL EMPLOYMENT

The relationship between you and Source of Hope is referred to as “employment at will.” This means that the employment can be determined at any time for any reason, with or without cause, with or without notice, by you or Source of Hope Human Development Services. No representative of Source of Hope Human Development Services has the authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President Operations Officer or the Company’s President.

Signature of Applicant: _____ Date: _____

This company is an equal opportunity employer and considers applicants on the basis of qualification without regard to gender, race, color, disability, national origin, religion, age, sexual preference or any other basis prohibited by city, state or federal law.