

Full Name _____ Social Security No. _____
Have you ever worked under another name? If so, what name? _____
Address _____
Home Phone _____ Cell Phone _____
Date of Birth _____ (Required by Arizona Administrative Code R9-10-806)

1. Are you able to read, write and communicate in English. Yes No
2. The position you are applying for may require standing on your feet for up to eight (8) hours, squatting, kneeling, bending, lifting boxes of food and other supplies. It may also require lifting and positioning persons who may be unable to help themselves, and helping them to walk or transfer from bed, chair or toilet. Are you able to perform all these job requirements?
 Yes No
3. Do you have valid identification required for U.S. Citizenship Form I-9 (attached)? Yes No

Caregiver Education & Experience

Nursing or caregiver courses _____ Completed Yes No

Caregiving experience _____

Behavior health training, courses or certification _____

Personal References

Please give the names and telephone numbers of three people **who you have not worked for, and who are not relatives** who will vouch for your good character.

1. Name _____ Phone _____
Address _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

2. Name _____ Phone _____
Address _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

3. Name _____ Phone _____
Address _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

Signature of Applicant _____ Date _____

Applications must be submitted by email to: lpecora@innovativeseniorliving.com

Employment History List below your last three (3) employers, starting with the most recent.

1. Company _____ Address _____
Supervisor _____ Phone _____ Dates worked from: _____ to _____
Salary or hourly rate _____ Reason for leaving _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

2. Company _____ Address _____
Supervisor _____ Phone _____ Dates worked from: _____ to _____
Salary or hourly rate _____ Reason for leaving _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

3. Company _____ Address _____
Supervisor _____ Phone _____ Dates worked from: _____ to _____
Salary or hourly rate _____ Reason for leaving _____

Office Use Only: OK NOT OK Date Checked _____ Checked By _____

Shift Availability

Put an X through ALL shifts you are available to work. If you mark nights, please be aware that these are not monitor shifts, but that you must be awake and working throughout the shift. Flexibility is a virtue. You may be called upon to work any of the shifts you mark here. Overtime hours are sometimes required.

	SUN	MON	TUE	WED	THU	FRI	SAT
7a-3p							
9a-7p							
3p-11p							
7p-7a							
11p-9a							

Non-Competition Agreement

I hereby agree that during my employment with this company, and for six (6) months after my employment with the company is terminated, I will not contact or try to persuade any resident, or the family of any resident, to move themselves or their family member to any other adult care home or health care institution, or to put themselves privately into my care. Further, I will not care for such a person in my home, their home, or another assisted living facility. I acknowledge that such activity would jeopardize the company's relationship with its clients. I acknowledge that the company's relationship with its clients is a valuable asset of the company, the loss of which cannot be reasonably estimated. I further acknowledge that the company shall have the right to an injunction if I violate this paragraph and I agree to an award of any attorneys' fees necessary for the company to enforce this paragraph.

Signature of Applicant _____ Date _____

Job Application Disclaimer & Acknowledgement

I hereby assert that answers given on this application are true and complete to the best of my knowledge.

I authorize the company to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event that I am hired, I understand that all false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, and by all state and federal laws, rules and regulations concerning the operation of adult care homes.

Signature of Applicant _____ Date _____