



Elsa's Adult Care Home

A TUCSON ADULT CARE HOME, ASSISTED LIVING FACILITY AND SENIOR CARE HOME

www.ElsaAdultCare.com

Employment Application

Full Name _____ S.S.# _____

Have you ever worked under another name? If so what name? _____

Address _____ Phone(s) _____

Date of birth _____. *Required by Arizona Administrative code R9-10-706.E.1.*

1. Arizona Administrative code R9-10-703.A.7. requires that you are able to read, write and communicate in English. Do you meet this requirement? yes no
2. The position you are applying for may require standing on your feet for up to 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. Have you been convicted of a crime in the last 10 years? yes no If yes, please explain _____

4. Do you have a valid driver's license? yes no
5. How will you get to work? _____

Caregiver Education and Experience

Nursing or caregiving courses _____ Completed yes no

Caregiving experience explain _____

Personal References

Please give the names and phone 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 _____



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Personal References (continued).

3. Name _____ Phone _____

Address _____

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

Signature of applicant _____ Date _____

Employment History List below your last 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 thru 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 virtue. You may be called upon to work any of the shifts you mark here. Overtime hours are sometimes required.

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



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Non-Competition Agreement

I hereby agree that during my employment with this company, and for 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 own home, their home, or another 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 reasonably be 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 attorney fees necessary for the company to enforce this paragraph.

Signature of applicant _____ Date _____

Non-Competition Agreement

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 I am hired, I understand that 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 _____
