

EMPLOYMENT APPLICATION

TRANSITIONS is an Equal Opportunity Employer

TRANSITIONS for the Developmentally Disabled is an Equal Opportunity Employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date: _____

PERSONAL INFORMATION

Legal Name: _____
(Last) (First) (Middle)

Current Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____ How long at above address? _____

Previous Address: _____ How long? _____

Home Phone: _____ Cell: _____ OK to receive text? Y N

Social Security Number: _____ Email Address (Print Clearly): _____

Are you applying to take care of a specific person? Yes No

If "Yes," Name: _____ Relationship: _____

How did you hear about TRANSITIONS/who referred you? _____

Wage Expected: \$ _____ / Hour Date Available to Start: _____

Do you desire: Full Time (32-40 hours) Part Time

Are you willing to work: Days Evenings Overnights Weekends

Are you legally eligible for employment in the United States? Yes No (If hired, verification will be required by law)

Do you have caregiving experience? (Personal or Professional, minimum of 3 months required) Yes No

Please list previous experience whether babysitting, family member/elderly care, etc:
Include approximate dates

Most of our funding sources require you to be at least 18 years of age. Do you meet this requirement? Yes No

Have you ever been CONVICTED of a FELONY or MISDEMEANOR? Yes No (Per A.R.S. 36-594)
(A conviction will not necessarily disqualify an applicant from employment)

If "Yes," please fully explain circumstances and provide date: _____

EDUCATIONAL RECORD

SCHOOL	NAME	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
OTHER TRAINING <i>(Specify)</i>			

Were you in the Military Service? Yes No If "Yes," what branch? _____.

EMPLOYMENT HISTORY SECTION

Begin with the most recent employer.

FROM		TO		NAME & ADDRESS OF EMPLOYER	BRIEFLY DESCRIBE DUTIES	SALARY OR WAGE	REASON FOR LEAVING
MO	YR	MO	YR				
				Name: _____ Address: _____ Phone: _____ Supervisor: _____	Title: _____ Duties: _____	Start: _____ \$ _____ Ending: _____ \$ _____	
				Name: _____ Address: _____ Phone: _____ Supervisor: _____	Title: _____ Duties: _____	Start: _____ \$ _____ Ending: _____ \$ _____	
				Name: _____ Address: _____ Phone: _____ Supervisor: _____	Title: _____ Duties: _____	Start: _____ \$ _____ Ending: _____ \$ _____	

May we contact your present employer? Yes No

3 PERSONAL REFERENCES

Do not include relatives or *TRANSITIONS* staff

NAME	OCCUPATION	PHONE NUMBER	RELATIONSHIP

PLEASE READ CAREFULLY AND SIGN BELOW

The information set forth in this application is true, complete and accurate. I understand and agree that if employed, and during such period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, *TRANSITIONS* may terminate my employment immediately.

I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

The Company may do a comprehensive "background investigation" regarding the accuracy of my employment application, not excluding a Driver's Record, Financial Inquiry Report and other such investigative inquiries. Inquiries as to my character, general reputation, personal characteristics and work habits will be included and I hereby release and hold harmless the company, their assigns, and other institutions/companies and their assigns from any and all liability which might otherwise be incurred by gathering and/or furnishing such information.

If employed, I understand that such employment is for no specific duration and may be terminated at any time with or without cause.

Applicant's Signature: _____ Date: _____