

## Employment Application

It is the policy of Civitan Foundation, Inc. to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for disability, national origin, race, color, religion or sex.

**Applicant Information:**

Position Applying for: \_\_\_\_\_ Direct Care Provider  
**(Respite, Habilitation, Attendant Care)**

Last Name		First Name		Middle Initial	
Street			City		State
Home Phone		Cell Phone		Email	

Please indicate how you learned about this job opening (mark all that apply):

Friend (please list name) \_\_\_\_\_

Flyer (please list location) \_\_\_\_\_

Website (please list address) \_\_\_\_\_

Newspaper (please list name) \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Scheduled desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Have you ever been employed with Civitan Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when? _____
Do you have a valid Arizona Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fluent in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, which? _____
Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list: _____	Are you able to lift 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever or are you currently in a non-compete agreement with any previous employer?  Yes  No  
 If so, please provide details of the agreement: \_\_\_\_\_

What is your availability?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Location(s) desired:  Phoenix Metro Area    Tucson    Flagstaff    Other  
 \_\_\_\_\_ (we do have positions available statewide)

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**Education:**

Name of Institution	Location (city/state)	Degree Completed Y/N	Type of Degree Awarded	Major	Number of Credits Completed
High School					
College (Undergraduate)					
College (Graduate)					
Other					

**Work History: (Start with your most recent employer)**

Date Started	Company:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	Phone:
Salary \$	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary \$	Reason for leaving:	
Date Started	Company:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	Phone:
Salary \$	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary \$	Reason for leaving:	
Date Started	Company:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	Phone:
Salary \$	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary \$	Reason for leaving:	
Date Started	Company:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:	Phone:
Salary \$	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary \$	Reason for leaving:	

**Requirements:**

Are you over 18 years old?  Yes  No

Do you have the legal right to work in the U.S.?  Yes  No

To the best of your knowledge, are you able to pass fingerprint clearance?  Yes  No

***If you answered NO to any of the above questions, please submit application and call our office at 602-953-2944.***

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Emergency Contact #1 Name	Relation
Address	City/State/Zip Code
Day Phone	Cell Phone
Emergency Contact #2 Name	Relation
Address	City/State/Zip Code
Day Phone	Cell Phone

**References:**

Give the name, address, and telephone number of at least three references who are not related to you. Please include one from a previous employer.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

*The information requested below is needed for legally permissible reasons. The Civitan Foundation, Inc. does not discriminate in its employment practices of race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability or medical condition.*

1. I understand that, dependent upon job assignments, Agency employees are fingerprinted and need to be cleaned by DES Office of Investigations.
2. If accepted, I agree to be governed and abide by all Agency rules and regulations.
3. I authorize inquiry with regard to my character, ability, and habits of any and all persons, and agree to hold such person harmless with respect to any information that they may give.
4. I certify that all answers to the questions on this application are true and I understand that any misstatement or omission of facts may disqualify me or be cause for dismissal.
5. I understand that any employment offered is for an indefinite duration, at will, and that Civitan Foundation, Inc. may terminate my employment at any time with lawful cause.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors to complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Civitan to determine this information by visual survey and/or other available information.

NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

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.

Native American 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.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.