



## 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	Zip Code
Home Phone	Cell Phone	Email	

Please indicate how you learned about this job opening (mark all that apply):	
<input type="checkbox"/> Friend (please list name)	_____
<input type="checkbox"/> Flyer (please list location)	_____
<input type="checkbox"/> Website (please list address)	_____
<input type="checkbox"/> Newspaper (please list name)	_____
<input type="checkbox"/> 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)



**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.***



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, email, 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.*

<ol style="list-style-type: none"> <li>1. I understand that, dependent upon job assignments, Agency employees are fingerprinted and need to be cleaned by DES Office of Investigations.</li> <li>2. If accepted, I agree to be governed and abide by all Agency rules and regulations.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>
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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_