 PO Box 2323 Window Rock, AZ 86515 Phone: 1-505-722-5324

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | |  | | |
| Last Name |  | | | | | | | | | | | | | | | | First  Name |  | | | | | | | | | | | | | | | | | M.I. |  |  | | |
| Mailing Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| City |  | | | | | | | | | | | | | | | | State |  | | | | | | | | | | | Zip Code | | | | |  | | |  | | |
| Phone # | |  | | | | | | | | | | | | | | | Alternate Phone # | | | | |  | | | | | | | | | | | | | | |  | | |
| Emergency Contact | | | | |  | | | | | | | | Relationship | | | | |  | | | | | Phone # | | | | | |  | | | | | | | |  | | |
| Preferred Client (if any) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Are you a citizen of the United States? | | | | | | | | | | | YES | | | | | NO | | If no, provide Visa # and Expiration Date | | | | | | | | | | | | | | |  | | | |  | | |
| Have you ever worked for this company? | | | | | | | | | | | YES | | | | | NO | | If so, when? | | | |  | | | | | | | | | | | | | | |  | | |
| Do you have any friends or family presently employed with us? | | | | | | | | | | | YES | | | | | NO | | If so, who? | | | |  | | | | | | | | | | | | | | |  | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | YES | | | | | NO | | If, so explain? | | | | |  | | | | | | | | | | | | | |  | | |
| Military Service | | | | | | | | | | | YES | | | | | NO | | If yes, in what branch? | | | | | | | | |  | | | | | | | | | |  | | |
| **Previous Employment - Start with current or most recent employer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **1. Company** | | | |  | | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | |  | | |
| Address | | | |  | | | | | | | | | | | | | | | | Phone # | | |  | | | | | | | | | | | | | |  | | |
| City | | | |  | | | | | | | | | | | State | | |  | | | | | | | Zip Code | | | |  | | | | | | | |  | | |
| Job Title | | | |  | | | | | | | | | | | Starting Salary | | | | | $ | | | | | Ending Salary | | | | | | | $ | | | | |  | | |
| Responsibilities | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| From |  | | | | | | To |  | | | Reason for Leaving | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | | |  | | | | | | | |  | | |
| **2. Company** | | | |  | | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | |  | | |
| Address | | | |  | | | | | | | | | | | | | | | | Phone # | | |  | | | | | | | | | | | | | |  | | |
| City | | | |  | | | | | | | | | | | State | | |  | | | | | | | Zip Code | | | |  | | | | | | | |  | | |
| Job Title | | | |  | | | | | | | | | | | Starting Salary | | | | | $ | | | | | Ending Salary | | | | | | | $ | | | | |  | | |
| Responsibilities | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| From |  | | | | | | To |  | | | Reason for Leaving | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | | |  | | | | | | | |  | | |
| **3. Company** | | | |  | | | | | | | | | | | | | | | | Supervisor | | |  | | | | | | | | | | | | | | | |  |
| Address | | | |  | | | | | | | | | | | | | | | | Phone # | | |  | | | | | | | | | | | | | | | |  |
| City | | | |  | | | | | | | | | | | State | | |  | | | | | | | Zip Code | | | |  | | | | | | | | | |  |
| Job Title | | | |  | | | | | | | | | | | Starting Salary | | | | | $ | | | | | Ending Salary | | | | | | $ | | | | | | | |  |
| Responsibilities | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| From |  | | | | | | To |  | | | | Reason for Leaving | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | | |  | | | | | | | | | |  |
| **Skills and qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Do you have current certification in: | | | | | | | | | | | | | |  |
| First Aid? | | | | | | | | | | | | | | YES | | | | NO | | | If yes, expiration date? | | | | | | | |  | | | | | | | | | |  |
| CPR? | | | | | | | | | | | | | | YES | | | | NO | | | If yes, expiration date? | | | | | | | |  | | | | | | | | | |  |
| AZ Direct Care Worker Certificate? (AZ Applicants only) | | | | | | | | | | | | | | YES | | | | NO | | | If no, you will be required to obtain certification to be employed as an AZ attendant within 90 days of hire. | | | | | | | | | | | | | | | | |  | |
| Have you signed a non-compete agreement with another home care company? | | | | | | | | | | | | | | YES | | | | NO | | |  | | | | | | | | | | | | | | | | |  | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| High School | | |  | | | | | | | | | | | | | | | City | | |  | | | | | | | | State | | | |  | | | | | |  |
| From |  | | | | To | |  | | | Did you graduate? | | | | YES | | | | NO | | | GED | | | YES | | | | | NO | | | |  | | | | | |  |
| College/Other | | |  | | | | | | | | | | | | | | | City | | |  | | | | | | | | State | | | |  | | | | | |  |
| From |  | | | | To | |  | | | Did you graduate? | | | | YES | | | | NO | | | Degree/Certificate | | | | | | |  | | | | | | | | | | |  |
| **References – list 3 people who are not related to you, If none list 3 personal references** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Name | | | | | | | | | Title | | | | | How Acquainted | | | | | | | | Telephone | | | | | | | | Number of years known | | | | | | | | |  |
|  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |  |
| **applicant statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I certify that all information I have provided in order to apply for and secure work with Zhon Home Care is true, complete and correct.  I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.  I understand that this employer is a Native American preference and equal opportunity employer and does not discriminate as to race, creed, color, national origin, sex, age, disability, marital status or sexual orientation.  I understand that this application remains current for 6 months only. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, I must reapply and fill out a new application.  I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, is sufficient cause to eliminate me from further employment consideration or may result in my immediate discharge from the employer’s service, whenever discovered. **DO NOT SIGN UNTIL YOU HAVE READ, UNDERSTAND AND AGREE TO THE APPLICANT STATEMENT.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Signature of Applicant | | | | | |  | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | |  |

06/02/21 LJ