



AT WILL EMPLOYMENT APPLICATION

This application is not an employment contract but is merely intended to evaluate suitability for employment. It is the policy of the agency to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under state and federal law. It is also the policy of the agency to conduct fingerprint and background screening as a condition of employment. Individuals with disabilities who need assistance to complete this application can contact the HR department to arrange suitable accommodations. This application will remain active for 60 days.

Print or Type

Date	Phone	Email	
Last Name	First Name	Middle Name or Initial	
Mailing Address	City	State	Zip Code
Are you eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Were you previously employed by PimaCare at Home or Pima Council on Aging? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when?			
Were you previously employed as a Caregiver? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when?			
Have you been convicted of any crime, including sex-related or child/vulnerable adult-abuse related offenses? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:			
Do you currently carry the minimum state-required liability auto insurance? No <input type="checkbox"/> Yes <input type="checkbox"/>			

POSITION DESIRED

Job Title	Salary Expectations	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.
Referred by <input type="checkbox"/> PimaCare at Home or PCOA Website <input type="checkbox"/> PimaCare at Home or PCOA Employee: Which employee? _____ <input type="checkbox"/> Newspaper Is the employee a relative? Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> If Other, Please list:		
Are you applying to work as a pre-match caregiver ? Yes <input type="checkbox"/> No <input type="checkbox"/> (Current/future client at PCAH) If Yes, does your client already have established services through PimaCare at Home? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, client name:		

EDUCATION/TRAINING

School	Name of School City & State	Course of Study	Degree Awarded or Credit Hours Earned
High School or GED		Diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University			
Graduate Or Other			



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Have you ever completed AZ Direct Care Worker Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a current CPR/First Aid Certification? Yes <input type="checkbox"/> Exp. Date: _____	No <input type="checkbox"/>
Do you have a current Fingerprint Clearance Card? Yes <input type="checkbox"/> Exp. Date: _____	No <input type="checkbox"/>
Other License, Degree, Certification, Training or Skills:	
Language Other than English Spoken: _____	Sign Language? Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Programs:	

EMPLOYMENT HISTORY (list 10-year employment history, attach additional sheets as necessary)

Employer Name		Address		Phone Number	
Job Title		Salary		Reason for Leaving	
Supervisor Name and Title	Email/Phone	Dates Employed: Month/Year _____ Thru Month Year _____			
Essential Duties					

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Job Title		Salary		Reason for Leaving	
Supervisor Name and Title	Email/Phone	Dates Employed: Month/Year _____ Thru Month Year _____			
Essential Duties					

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Job Title		Salary		Reason for Leaving	
Supervisor Name and Title	Email/Phone	Dates Employed: Month/Year _____ Thru Month Year _____			
Essential Duties					

TRANSPORTATION AND AVAILABILITY

Mode of Transportation (check all that apply)

Bus Rider	Own Vehicle	Borrow Vehicle	Bicycle	Walker / On Foot

Availability: (check off the block of times that you are available to work)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:00am-3:00 am							
3:00 am-6:00 am							
6:00 am - 9:00 am							
9:00 am-12:00 pm							
12:00 pm-3:00 pm							
3:00 pm - 6:00 pm							
6:00 pm-9:00 pm							
9:00 pm-12:00 am							

PROFESSIONAL REFERENCES

Name	Email/Phone	Relationship	Years Known

PRE-EMPLOYMENT QUESTIONNAIRE

1. A DCW who provides personal care needs: a. Level I training plus Level II plus agency orientation and CPR/First Aid b. Level I (Caregiving Fundamentals) training and CPR / First Aid c. Level I training plus one module at Level II d. Only agency orientation	A	B	C	D
2. If you suspect a client is being abused: a. Finish your shift, then tell your supervisor b. Tell a family member c. Tell your supervisor immediately d. Ignore it; it's none of your business	A	B	C	D
3. You have called paramedics for a medical emergency. When paramedics arrive at the client's home you should: a. Hand the paramedics the client's service plan and all medical documents b. Tell the neighbors why the paramedics are there c. Answer relevant questions asked by paramedics d. Notify ALL the client's family members	A	B	C	D
4. Instrumental Activities of Daily Living (IADLS): a. Include shopping and using the telephone b. Is the correct name for ADLs c. Are all the tasks that DCWs do d. Are tasks that clients should always do for themselves	A	B	C	D
5. For DCWs, it is important to understand that a. Clients are ill and need as much care as possible b. Some clients are not ill, but they need assistance with some tasks c. When people get older, they cannot care for themselves d. The level of assistance must be the same for all clients	A	B	C	D

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with PimaCare at Home. I understand that my continued employment depends on Level 1 fingerprint clearance and Central Registry clearance.
_____ (initials)

I agree to allow PimaCare at Home to contact the people I have listed on this application. I also agree not to hold any of these people liable for damages relating to any truthful information they provide regarding my qualifications for employment at PimaCare at Home.
_____ (initials)

I understand that nothing in the application creates an employment contract or relationship. I also understand that, if hired by PimaCare at Home, my employment can be terminated at any time, by myself or PimaCare at Home, for any reason not prohibited by law.
_____ (initials)

Print Name: _____

Signature: _____

Date: _____