



Family Care Homes, inc.

1511 North Gilbert Road
Mesa, Arizona 85203

Serving Arizona since 1984

480.827.1575
fax: 890.9092

Employment Application

DATE: _____

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PERSONAL INFORMATION

Name (last, First, Middle)	Cell Phone Number
Permanent Address	Home Phone Number
City/State/Zip Code	Date of Birth
Social Security Number	Referred By
Are you legally eligible for employment in the U.S.? [] Yes [] No	
Have you been convicted of a crime? [] Yes [] No If Yes, explain?: _____	What is your means of transportation to work? _____

EMPLOYMENT DESIRED

Position	Date you can Start	Wage Desired
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SCHEDULE AVAILABILITY

Seeking:		
____ Full Time	____ Part Time	____ On Call
		____ Hours Per Week
Available to Work:		
____ Days (6am-2pm / 10am-6pm)	____ Evenings (4pm-12am)	____ Nights (12am-8am)
____ Weekends	____ Holidays	

Shift	M	Tu	W	Th	F	S	S
12am-8am							
6am-2pm							
10am-6pm							
4pm-12am							

EMPLOYMENT RECORD List below last three employers, starting with the most recent one first.Are you currently employed? ☐ Yes ☐ No

EMPLOYER	EMPLOYMENT DATES (Month and Year)	HOURLY WAGE OR SALARY	POSITION
Company Name	From To	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for Leaving	Duties Performed	
	Supervisor's Name	Phone Number	May We Contact? ☐ Yes ☐ No
Company Name	From To	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for Leaving	Duties Performed	
	Supervisor's Name	Phone Number	May We Contact? ☐ Yes ☐ No
Company Name	From To	Starting _____ Ending _____ Hours per Week _____	Title
Address	Reason for Leaving	Duties Performed	
	Supervisor's Name	Phone Number	May We Contact? ☐ Yes ☐ No

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE RECEIVED
High School			
College			

SPECIAL TRAINING

COURSE	DATE RECEIVED	DATE EXPIRED	COMMENTS(Office Use)
Caregiver Certificate ☐ Yes ☐ No			ALTP#
CPR ☐ Yes ☐ No			

SPECIAL TRAINING CONT...

COURSE	DATE RECEIVED	DATE EXPIRED	COMMENTS (Office Use)
First Aid [] Yes [] No			
TB Test [] Yes [] No			
Finger Print Card [] Yes [] No			

EMERGENCY CONTACT

1. Emergency Contact Name	Relationship	How long have you known this person?
Emergency Contact Address	Home Phone Number: Cell Phone Number:	May We Contact? [] Yes [] No

FOR OFFICE USE ONLY

Notes:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with the federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature of Applicant

Date