



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name _____ Date: _____

Address _____

City _____ State _____ ZIP _____

Phone Number (_____) _____ Cell Phone Provider _____

Email Address _____

Social Security Number _____ Position of Interest _____

EDUCATION AND EXPERIENCE

High School (GED) _____ Dates Attended _____ to _____

School Address _____ Degree Received _____

Area of Study _____

College _____ Dates Attended _____ to _____

School Address _____ Degree Received _____

Area of Study _____

Other (please specify) _____ Dates Attended _____ to _____

School Address _____ Degree Received _____

Area of Study _____

Please indicate your experience implementing and documenting performance in individual homecare programs.

Please indicate your experience providing care for an individuals' personal, physical and emotional needs:



CJPS Home Care

EMPLOYMENT HISTORY

Please begin with present or most recent employment.

Employer Name _____ Dates Employed _____ to _____

Employer Address _____ Phone (_____) _____

Job Title & Duties _____

Employer Name _____ Dates Employed _____ to _____

Employer Address _____ Phone (_____) _____

Job Title & Duties _____

Employer Name _____ Dates Employed _____ to _____

Employer Address _____ Phone (_____) _____

Job Title & Duties _____

Are you currently employed? YES NO May we contact your current employer? YES NO

REFERENCES

Please provide three (3) **NON-Family** references who have personal knowledge about your employment history, education or character.

Reference Name _____ Relation _____

Email Address _____ Phone (_____) _____

Reference Name _____ Relation _____

Email Address _____ Phone (_____) _____

Reference Name _____ Relation _____

Email Address _____ Phone (_____) _____

EMERGENCY CONTACT

In case of emergency, notify:

Name (relation) _____ Phone (_____) _____

APPLICANT SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any false statements or misrepresentation is sufficient grounds for ending the hiring process or dismissal. In consideration of my employment, I agree to conform to the rules and regulations CJPS Home Care, LLC and the State of Arizona Division of Developmental Disabilities. I authorize investigation of all statements contained herein. I understand that no representative of CJPS Home Care LLC other than the hiring manager has the authority to enter into any agreement for employment.

Applicant Signature _____ Date: _____

Revised June 2020

Page 2 of 2