



**Applicant Reference Check**

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please print clearly your previous employer/ reference contact information

Reference:

\_\_\_\_\_ (Reference Name and Title)

\_\_\_\_\_ (Company Name)

\_\_\_\_\_ (City, State)

\_\_\_\_\_ (Phone Number)

\_\_\_\_\_ (Fax Number)

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

I have applied for a position with Alarys Home Health and authorize my previous employer to confirm the information I have provided above. Please also provide an evaluation of my performance while I was in your employment. I understand this information will not be disclosed to me.

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Reference, please complete this section:**

Is the information provided by the applicant correct?  Yes  No

Is the applicant eligible for rehire?  Yes  No

Evaluation on	Good	Fair	Poor	Comments
Attendance				
Performance				

Additional Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Reference Checks may be faxed confidentially to \_\_\_\_\_, Attn. \_\_\_\_\_

*For Alarys HR/Compliance Use Only:*

Via Phone by \_\_\_\_\_ (Name and Title) Date complete: \_\_\_\_\_

Via Fax Sent on: \_\_\_\_\_ Sent on: \_\_\_\_\_ Date complete: \_\_\_\_\_



**Applicant Reference Check**

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please print clearly your previous employer/ reference contact information

Reference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Reference Name and Title)

(Company Name)

(City, State)

(Phone Number)

(Fax Number)

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

I have applied for a position with Alarys Home Health and authorize my previous employer to confirm the information I have provided above. Please also provide an evaluation of my performance while I was in your employment. I understand this information will not be disclosed to me.

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Reference, please complete this section:

Is the information provided by the applicant correct? \_\_\_ Yes \_\_\_ No

Is the applicant eligible for rehire? \_\_\_ Yes \_\_\_ No

Evaluation on	Good	Fair	Poor	Comments
Attendance				
Performance				

Additional Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Via Phone by \_\_\_\_\_ (Name and Title) Date complete: \_\_\_\_\_

Via Fax Sent on: \_\_\_\_\_ Sent on: \_\_\_\_\_ Date complete: \_\_\_\_\_



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Please print clearly your previous employer/ reference contact information

Reference:

\_\_\_\_\_ (Reference Name and Title)  
 \_\_\_\_\_ (Company Name)  
 \_\_\_\_\_ (City, State)  
 \_\_\_\_\_ (Phone Number)  
 \_\_\_\_\_ (Fax Number)

Employment Dates From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

I have applied for a position with Alarys Home Health and authorize my previous employer to confirm the information I have provided above. Please also provide an evaluation of my performance while I was in your employment. I understand this information will not be disclosed to me.

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Reference, please complete this section:**

Is the information provided by the applicant correct? \_\_\_ Yes \_\_\_ No

Is the applicant eligible for rehire? \_\_\_ Yes \_\_\_ No

Evaluation on	Good	Fair	Poor	Comments
Attendance				
Performance				

Additional Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Reference Checks may be faxed confidentially to \_\_\_\_\_, Attn. \_\_\_\_\_

*For Alarys HR/Compliance Use Only:*

Via Phone by \_\_\_\_\_ (Name and Title) Date complete: \_\_\_\_\_

Via Fax Sent on: \_\_\_\_\_ Sent on: \_\_\_\_\_ Date complete: \_\_\_\_\_



**Caregiver Profile** (Please print clearly all information)

Name: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Cross Streets: \_\_\_\_\_

Areas available for work: \_\_\_\_\_

**Availability**

Days of the Week	Hours Available	Notes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

How much notice do you require before scheduling? \_\_\_\_\_

Do you have an insured vehicle or reliable transportation?  Yes  No Are you available after hours? \_\_\_\_\_

Are you a smoker?  Yes  No Can you work with clients who smoke?  Yes  No

Can you work with clients with pets?  Yes  No Are you able to lift?  Yes  No

Do you have experience with a Hoyer lift or gait belt for transfers?  Yes  No

I have reviewed the job description for the position which I am applying and certify that I meet the minimum requirements. Additionally, I have reviewed the examples of immediate disqualifiers for consideration of employment and don't expect those disqualifiers or similar to affect my ability to be considered for employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please leave copies with the HR/Office Coordinator of your certificates, fingerprint clearance card and license, if applicable.

*For Alarys HR/Compliance Use Only:*

- |   |  |
|---|--|
| <input type="checkbox"/> CPR Certification                                      | <input type="checkbox"/> TB Test                             |
| <input type="checkbox"/> First Aid Certification                                | <input type="checkbox"/> Background Release                  |
| <input type="checkbox"/> Fingerprint Clearance Card                             | <input type="checkbox"/> Drug Free Workplace/Consent to Test |
| <input type="checkbox"/> CIT/Article 9 (Habilitation Techs)                     | <input type="checkbox"/> Reference Forms (3)                 |
| <input type="checkbox"/> C.NA Certification/minimum experience requirements met |  |

Notes:



**Drug Free Workplace Consent to Test and Policy Acknowledgement Form**

I, \_\_\_\_\_, have received, read and understand the Alarys Home Health Drug Free Workplace Policy. I acknowledge that I may be required to complete a pre-employment drug test. I consent to the drug test and understand that I am expected to comply with the testing requirements to be considered for employment. Furthermore, I understand that I may be subject to other types of drug and/or alcohol testing as outlined in this policy.

By my signature below, I acknowledge, understand, accept and agree to comply with the of the Drug Free Workplace policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that \_\_\_\_\_ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC**, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request through our website [www.C4Operations.com](http://www.C4Operations.com). After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, do you want a copy of any Consumer Report prepared concerning you? YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor

## Background Screening Information Form

**Basic Information**

Legal First Name		Legal Middle Name	
Legal Last Name		Maiden and/or Other Last Name Used	
Email Address			
Date of Birth		Social Security Number	
Current Physical Address (no P.O. Boxes)			
City		State	Zip

**Motor Vehicle Records Check**

Drivers License Number	State Issued

**Address History** Please provide a complete address history for the last SEVEN-year period.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

**CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT**

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

***Be sure that you go over all five (5) pages of the self-disclosure affidavit.***

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)
---------------------------------	--------------------------

ADDRESS (No., Street, Apt. No., City, State, ZIP)

Check one of the following and provide information as directed:

- I have not been arrested for, convicted of, nor am I under pending indictment for any crimes.
- I have been arrested for, convicted of, or I am under pending indictment for the following crime(s) (Provide dates, location/jurisdiction, circumstances and outcome. Attach additional pages as needed):

**ALSO** – Check one of the following:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Notary Public

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commission Expiration date

\_\_\_\_\_  
Notary Public's Signature



### Non-Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Homicide, including first or second-degree murder, manslaughter and negligent homicide   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor or vulnerable adult   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor or vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Child prostitution as prescribed in A.R.S. § 13-3212   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child abuse  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Felony child neglect   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Sexual conduct with a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Molestation of a child or vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Dangerous crime against children as defined in A.R.S. § 13-705  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Exploitation of minors involving drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Neglect or abuse of a vulnerable adult  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sex trafficking   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Sexual abuse  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3506   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Luring a minor for sexual exploitation  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Enticement of persons for purposes of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Procurement by false pretenses of persons for purposes of prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Procuring or placing persons in a house of prostitution   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Receiving earnings of a prostitute  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Causing one's spouse to become a prostitute   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Detention of persons in a house of prostitution for debt  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Keeping or residing in a house of prostitution or employment in prostitution  |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Pandering   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308  |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Transporting persons for the purpose of prostitution, polygamy and concubinage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Any felony offense involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Unlawful sale or purchase of children   |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Child bigamy  |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than \$250, but less than \$1000 if the offense was committed before June 29, 2009. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Felony indecent exposure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Felony public sexual indecency  |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Any offense involving a violent crime as defined in A.R.S. § 13-901.03  |

**Appealable 5 Years After Conviction**

The following **felony** offenses are non-appealable if committed within 5 years before the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section *within 5 years* of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the denial.

If the conviction was *more than 5 years* before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark "Within 5 Years," "Over 5 Years" or "No" as applicable.

WITHIN 5 YEARS	OVER 5 YEARS	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Endangerment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Threatening or intimidating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Aggravated assault
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Unlawfully administrating intoxicating liquors, narcotic drugs or dangerous drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dangerous or deadly assault by prisoner or juvenile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Prisoners who commit assault with intent to incite to riot or participate in riot
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Assault by vicious animals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Drive by shooting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Assaults on public safety employees or volunteers and state hospital employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Discharging a firearm at a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Prisoner assault with bodily fluids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Aiming a laser pointer at a peace officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Possession and sale of peyote
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Possession and sale of a vapor-releasing substance containing a toxic substance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Selling or giving nitrous oxide to underage persons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Sale of regulated chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Sale of precursor chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Production or transportation of marijuana
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Involving or using minors in drug offenses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Possession, manufacture, delivery and advertisement of drug paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Use of wire communication or electronic communication in drug-related transactions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Using a building for sale or manufacture of dangerous or narcotic drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Manufacture or distribution of prescription-only drug
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Manufacture, distribution, possession, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Manufacture of certain substances and drugs by certain means

### Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Theft by extortion   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Shoplifting  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Forgery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Criminal possession of a forgery device  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Obtaining a signature by deception   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Criminal impersonation   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Theft of a credit card or obtaining a credit card by fraudulent means  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Receipt of anything of value obtained by fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Forgery of a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Fraudulent use of a credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Possession of any machinery, plate or other contrivance or incomplete credit card   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. False statements as to financial condition or identity to obtain a credit card  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Fraud by persons authorized to provide goods or services  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Credit card record theft  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Misconduct involving weapons  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Misconduct involving explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Depositing explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Misconduct involving simulated explosives   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Concealed weapon violation  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Misdemeanor indecent exposure   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Misdemeanor public sexual indecency   |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Aggravated criminal damage  |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Adding poison or other harmful substance to food, drink or medicine   |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. A criminal offense involving criminal trespass under Title 13, Chapter 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. A criminal offense involving burglary under Title 13, Chapter 15  |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism   |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Misdemeanor offenses involving child neglect  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Misdemeanor offenses involving contributing to the delinquency of a minor   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of \$250 but less than \$1000 and the offense was committed before June 29, 2009 |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Arson   |
| <input type="checkbox"/> | <input type="checkbox"/> | 33. Criminal damage   |
| <input type="checkbox"/> | <input type="checkbox"/> | 34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818   |
| <input type="checkbox"/> | <input type="checkbox"/> | 35. Taking identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Aggravated taking identity of another person or entity  |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. Trafficking in the identity of another person or entity   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. Cruelty to animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Prostitution as described in A.R.S. § 13-3214   |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513   |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. Welfare fraud   |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Kidnapping  |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. Robbery, aggravated robbery or armed robbery  |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. Misdemeanor endangerment  |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. Misdemeanor threatening or intimidating   |

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 46. Misdemeanor assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Misdemeanor aggravated assault  |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Misdemeanor dangerous or deadly assault by prisoner or juvenile   |
| <input type="checkbox"/> | <input type="checkbox"/> | 50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot  |
| <input type="checkbox"/> | <input type="checkbox"/> | 51. Misdemeanor assault by vicious animals  |
| <input type="checkbox"/> | <input type="checkbox"/> | 52. Misdemeanor drive-by shooting   |
| <input type="checkbox"/> | <input type="checkbox"/> | 53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54. Misdemeanor discharging a firearm at a structure  |
| <input type="checkbox"/> | <input type="checkbox"/> | 55. Misdemeanor prisoner assault with bodily fluids   |
| <input type="checkbox"/> | <input type="checkbox"/> | 56. Misdemeanor aiming a laser pointer at a peace officer   |
| <input type="checkbox"/> | <input type="checkbox"/> | 57. Misdemeanor possession and sale of peyote   |
| <input type="checkbox"/> | <input type="checkbox"/> | 58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance   |
| <input type="checkbox"/> | <input type="checkbox"/> | 59. Misdemeanor selling or giving nitrous oxide to underage persons   |
| <input type="checkbox"/> | <input type="checkbox"/> | 60. Misdemeanor sale of regulated chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 61. Misdemeanor sale of precursor chemicals   |
| <input type="checkbox"/> | <input type="checkbox"/> | 62. Misdemeanor production or transportation of marijuana   |
| <input type="checkbox"/> | <input type="checkbox"/> | 63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs  |
| <input type="checkbox"/> | <input type="checkbox"/> | 65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67. Misdemeanor involving or using minors in drug offenses  |
| <input type="checkbox"/> | <input type="checkbox"/> | 68. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone |
| <input type="checkbox"/> | <input type="checkbox"/> | 69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia   |
| <input type="checkbox"/> | <input type="checkbox"/> | 70. Misdemeanor use of wire communication or electronic communication in drug-related transactions  |
| <input type="checkbox"/> | <input type="checkbox"/> | 71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs   |
| <input type="checkbox"/> | <input type="checkbox"/> | 72. Misdemeanor manufacture or distribution of prescription-only drug   |
| <input type="checkbox"/> | <input type="checkbox"/> | 73. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs          |
| <input type="checkbox"/> | <input type="checkbox"/> | 74. Misdemeanor manufacture of certain substances and drugs by certain means  |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.



## **Hepatitis B Vaccine Declination Form**

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I have been provided with information about the risks and benefits of vaccination against and have been offered the opportunity to ask questions I may have.

I decline the Hepatitis B vaccination at this time, I understand that I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series from my primary care physician.

I decline the vaccine, I understand that I may receive the vaccine at any time by contacting my primary care physician/facility.

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Emergency Contact Form

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_



### ***Job Description***

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Position Title: Caregiver/Direct Care Worker (DCW)

Job Code: 3016

Department: Non-Medical

Reports to: Staffing Supervisor/Staffing Coordinator    FLSA Status:  Exempt  Non-Exempt

### ***Position Summary***

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The Caregiver/Direct Care Worker (DCW) is responsible for providing non-medical homecare services to children, elderly, chronically ill, disabled, recuperating patients and other persons who wish to receive care assistance in the comfort of their homes. Services are also provided to those living in nursing homes or assisted living facilities. The primary goal of Caregivers is to help individuals remain in a familiar environment and maintain a feeling of independence.

### ***Position Accountabilities***

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*The following are essential accountabilities:*

- Performs light housekeeping for the patient only including; dusting furniture, laundry and ironing, changing linens and make bed, organizing living areas, taking out garbage and care of house plants.
- Promotes a safe environment for patients by providing a stable bathing environment, monitoring food expirations, serving as an escort to appointments, overseeing home deliveries and appointments and planning errands, visits and trips outside of the home.
- Assists with meal planning, preparation and clean up. Grocery shopping, recipe organization, shopping list preparation and coupon clipping. Medication reminders.
- Serves as a companion; discussing current and historical events, playing mind stimulating games, reading books and magazines, renting and playing movies, watching television programs and managing appointments and social calendar.
- Knowledgeable of the service limitations and authorized care guidelines as provided by ALTCS Case Manager. Calls for clarification on any service/ care assistance requests not clear in the guidelines and notifies Alarys of any changes in condition or status of patient.
- Responsible for taking a role in maintaining the skills and qualifications necessary to provide quality care, including attendance at in-services programs. Notifies supervisor of educational needs.
- Responsible for submitting accurate time and attendance records and following proper procedures for reporting and making corrections to attendance records.
- Regular attendance in conformance with the standards, which may be established from time to time, is essential to the successful performance of this position.
- Position is responsible for harmonious interactions with coworkers and customers, including patients, family members, physicians and the general public.
- Upon employment, all employees are required to fully comply with Alarys Home Health's policies and procedures.

*The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of employees in this position.*



***Position Qualifications***

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**Minimum Education:** High School education or equivalent.

**Preferred Education:** Successful completion of a formal certification training program.

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**Minimum Experience:** Must be 18 years of age.

**Preferred Experience:** One or more years providing direct patient care

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**Required Certification/ License:** Current C.P.R. card and first aid certification. Current Fingerprint Clearance card.

**Preferred Certification/ License:** Valid state driver's license.

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**Supervises:** n/a

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**Special Skills:** Demonstrated ability to provide basic care in a compassionate and professional manner. Good verbal, written and interpersonal skills.

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**Physical Demands/Requirements:** For the physical demands and working conditions please see the final page.





**Description of Physical Demands and Working Conditions**

To comply with the Americans with Disabilities Act of 1990 (ADA), which prohibits discrimination against qualified individuals on the basis of disability, check the boxes below to specify the physical, mental, and environmental conditions of the position.

**Technical/Motor Skills**

- Speaking Clearly
- Data Input/Typing
- Answering Telephones
- Copying
- Precise Manipulation
- Fingering/Fine Dexterity
- Handling/Gripping
- Speed Movement/Velocity
- Eye/Hand/Foot Coordination
- Calibrating Equipment
- Reading

**Mental Abilities**

- Analyzing
- Calculations
- Forecasting
- Interpreting Numbers/Data
- Assessing/Evaluating
- Explaining/Teaching
- Synthesizing
- Attention to Detail
- Memory
- Problem Solving/Reasoning
- Spatial/Form Perception

**Working Conditions**

- Inside
- Outside
- Extreme Cold (non-weather)
- Extreme Heat (non-weather)
- Temperature Changes
- Humidity
- Noise Level:
- Very Loud
- Loud
- Moderate
- Quiet
- Exposure/Use of Sharps
- Blood/Body Fluid/Tissue
- Fumes/Odors
- Toxic/Caustic Materials
- Dust/Airborne Particles
- Poor Ventilation
- Radiation
- Exposure to Vibration
- Explosive Materials
- Dangerous Equipment
- Moving/Mechanical Parts
- Risk of Electrical Shock
- OSHA Task Category**
- At risk for exposure to blood borne pathogens
- May have exposure to blood borne pathogens
- No intentional exposure to blood borne pathogens

**Physical Requirements**

- Lifting/Carrying 
  - Light: 1-20 lbs max
  - Medium: 20-49 lbs
  - max Heavy: 50+ lbs
- Push/Pull
- Crawling
- Climbing
- Kneeling
- Walking
- Sitting
- Crouching/Squatting
- Flexing/Twisting
- Standing
- Ambulating/mobility
- Cardio-respiratory endurance
- Restraining
- Repetitive Activity
- Static Holding

**Sensory Requirements**

- Ability to see
  - No special requirements
  - Close Vision <20 inches
  - Distance Vision >20 feet
  - Color Vision (identify and distinguish colors)
  - Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
  - Depth Perception (three-dimensional vision; judge distances and spatial relationships)
  - Ability to Adjust Focus (adjust eye to bring an object into sharp focus)
- Ability to hear
- Ability to feel
- Ability to taste/smell
- Verbal Communication

I have read this job description and understand the position accountabilities, position qualifications, physical requirements and working conditions. Also, I have been provided with a copy of this document.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

Candidate Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT



6991 E Camelback rd C-309 • Scottsdale, AZ 85251 • Phone (480)444-7788 • Fax (480)445-9930

**Notice to Applicants:** Alarys Home Care (AHC) is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, national origin, handicap or marital status. We assure you that your opportunity for employment with AHC depends solely on your qualifications.

**Applicant's Statement:** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give AHC permission to contact schools, previous employers, references, and others and hereby release AHC, schools, previous employers and references from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may be cause for dismissal at any time without previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we cannot guarantee the performance of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. We cannot guarantee the continuation of any worker's job for any period of time.

Your employment with Alarys Home Care is "at will" which means that either you or the company may terminate your employment at any time, with or without cause. I understand that my employment with Alarys Home Care is for no specific term and may be terminated by AHC with or without notice or cause at any time. I further understand that no oral promise, AHC policy, custom, business practice or other procedure (including the employee handbook or any other personnel manual, policy or practice) constitutes an employment contract or modification of the at-will employment relationship between me and AHC.

I understand the contents of any employee handbook or personnel manuals, as well as other Alarys Home Care policies and practices, are subject to change or modification by AHC, solely at its discretion, without notice. I also understand that no supervisor or other official of AHC (except its President, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

This application will remain active for ninety (90) days and maintained on file for one year. Any applicant wishing to be considered for employment past ninety (90) days should reapply.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

Equal Opportunity Employer

Valid for 90 days

Date \_\_\_\_\_ Home Phone# \_\_\_\_\_ Mobile Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Last Name (Please Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**How were you referred to Alarys Home Care?**

Employee (Name) \_\_\_\_\_ Other (Source) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Salary Requirement: \_\_\_\_\_

Days/Hours Available to Work: Days  Nights  Weekends  Full Time  Part Time/Per Diem

Do you understand employment may require working overtime as dictated by business needs?  Yes  No

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, give dates and explain (attach separate paper)  
*A conviction will not necessarily disqualify you from employment.*

Are you at least 18 years of age?  Yes  No

Education	Type of School	Name & Location (Complete Mailing Address)	No. of Years Complete	Major Course of Study	Degree
	High School				
	College				
	Graduate School				
	Other				



**Employment Experience** Your resume does not take the place of this section. All information must be completed to be considered for employment.

<b>1.</b>	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Salary: Starting    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2.</b>	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Salary: Starting    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3.</b>	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Salary: Starting    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4.</b>	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Salary: Starting    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Attach additional sheets, if necessary.*

