

Candidate Name: _____ Position Applied For: _____ Date: _____

APPLICATION FOR EMPLOYMENT



4250 North Drinkwater Boulevard Ste 110 • Scottsdale, AZ 85251 • Phone (480)444-7788 • Fax (480)445-9930

Notice to Applicants: Alarys Home Health (AHH) 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 AHH 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 AHH permission to contact schools, previous employers, references, and others and hereby release AHH, 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 Health 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 Health is for no specific term and may be terminated by AHH with or without notice or cause at any time. I further understand that no oral promise, AHH 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 AHH.

I understand the contents of any employee handbook or personnel manuals, as well as other Alarys Home Health policies and practices, are subject to change or modification by AHH, solely at its discretion, without notice. I also understand that no supervisor or other official of AHH (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 Health?

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.

1.	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

2.	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

3.	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

4.	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.

SKILLS

Professional Licensing or Certification: _____

License/Certification	Accrediting Agency	License/Cert#	Expiration Date

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Motor Vehicle

This section is only to be completed by those applying for positions requiring regular use of personal vehicles on Company business (must have valid license).

Drivers License No.: _____ State: _____ Expiration Date: _____

List any traffic violations that you have received in the past 36 months (other than parking violations).

Date of Violation Offense Location

References

Please list three professional references who can attest to your skills as they relate to the position for which you are applying.

Name	Position	Work Phone	Mobile Phone