



Application for Employment

Please complete this application in its entirety, even if you are attaching a resume.

In compliance with our obligations under federal, state and local law, we consider applicants for all positions without regard to race, color, religion, creed, sex, gender, national origin, age, marital status, sexual orientation or identity, veteran status, mental or physical disability, or other legally protected status. If any accommodations need to be made due to disability during our pre-hire process, please notify Cypress HomeCare Solutions (which will be referred to throughout as the "Agency").

Applicant Personal Information:

Name: _____
 (Legal First Name) (Nickname, If Applicable) (Middle) (Legal Last Name)

Address: _____
 (Number and Street) (Apartment#) (City, State, Zip Code) (Major Crossroads)

Cell Phone: () _____ Home Phone: () _____

Personal Email Address: _____

Employment, Referral, Training/Skills

How did you hear about this position? _____

Have you ever been employed by Cypress HomeCare Solutions before? (Check one) Yes No

If yes, please list dates and reason for separation: _____

Are you 18 years of age or older? Yes No

Do you have any job related training or licenses? (Example: DCW, Certified Caregiver, C.N.A., etc.) Yes No

If yes, note type: _____

Do you have an Arizona Department of Public Safety Level 1 Fingerprint Clearance Card? Yes No

If yes, note card number and expiration date: _____

Availability: What type of work schedule are you looking for and where are you interested/available to work?

Hours Preference: ___ Full Time ___ Part Time ___ Sat ___ Sun ___ M ___ T ___ W ___ TH ___ F
 ___ Mornings ___ Afternoons ___ Evenings ___ Overnights

Preferred Work Area: (Please check all that apply).

South West:	North West:	North/Central:	North East	South East:
___: Litchfield Park	___: Peoria	___: Phoenix (N)	___: Scottsdale (N)	___: Scottsdale (S)
___: Tolleson	___: Sun City	___: Glendale	___: Cave Creek	___: Tempe
___: Avondale	___: Youngtown	___: Paradise Valley	___: Carefree	___: Ahwatukee
___: Goodyear	___: El Mirage	___: Deer Valley	___: Rio Verde	___: Chandler
___: Buckeye (S)	___: Sun City West	___: Anthem	___: Fountain Hills	___: Sun Lakes
___: Palo Verde	___: Surprise	___: New River		___: Gilbert
___: Tonopah	___: Wittman	Downtown/South Central:		___: Higley
	___: Wickenburg	___: Laveen		___: Mesa
	___: Buckeye (N)	___: Phoenix (Central)		___: Apache Junction
				___: San Tan Valley
				___: Queen Creek

Personal References: Please list the following information for three work references (co-workers, business associates, etc.) not related to you. These references should be in addition to the below current/former employers or supervisors. If not applicable, list three personal references not related to you.

Name: _____ Relationship: _____ Years Known: _____ Phone: _____

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Work Experience: Please list all employment for the past 7 years. Start with your most recent employment. Please complete even if you are submitting a resume. Attach additional sheets if necessary.

Employer: _____ Job Title: _____ Address: _____ Supervisor's Name and Title: _____ Work Phone: _____ May we contact? _____ Dates of Employment: From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____ Reason for Leaving: _____	Job Duties: _____ _____ _____ _____ _____
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Employment Requirements:

Office of the Inspector General: Have you ever been excluded from participation in Medicare, Medicaid and/or other State or Federal health care programs? Yes No

I-9/E-Verify Information: If employment is pursued you will be required to produce original or certified documents and social security number verifying your identity and employment eligibility for reporting your earned wages. Are you able to provide verification of your legal right to work and identity within 3 days of hire? Yes No

Pre-Employment Criminal Background Check: Have you ever been convicted of a criminal offense by any court?
 *Note: Conviction will not necessarily disqualify you from employment consideration. The date, nature and circumstances will be considered in the relation of the position you are applying for. Yes No
 Please list the date and nature of the crime and final disposition of the case: _____
 If yes, was it a felony? Yes No

Attestation of Authenticity and Understanding: Please read carefully and sign below:

I verify that I have personally completed this application and the information reported in this application are true and correct to the best of my knowledge. I understand that any omission or misstatement of any information or documents related to my application and used to secure employment shall result in the rejection of my application or is grounds for immediate discharge if I am employed, regardless of the time of discovery. I hereby authorize the Agency to thoroughly investigate my references, current and previous work record, education and training records and other subjects related to my suitability for employment. I also authorize my listed references and previous employers to disclose information to the Agency and waive and release the reported references and employers from any and all claims, demands, or liabilities arising out of or in any way related to what are disclosed.

 Applicant Full Legal Name

 Date