

CPES

Application for Employment

Name _____ Social Security Number _____

Position Applied For _____

SECTION 1

Educational Requirements	Do you have a high school diploma or G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letters of Recommendation	Can you supply three letters of recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right to Work	Are you a US citizen or eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Age	Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Requirements	Are you able to meet the physical requirements as described on the Notice to Direct Care Applicants with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Requirements	Direct care positions require mandatory training as described on the Notice to Direct Care Employees. Do you understand these requirements and agree to hold CPES harmless against physical injury that may arise from training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License	Do you have a valid Arizona license and are you 21 years old with no more than 2 minor moving violations or one accident within the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Clearance	Could you pass a TB test (or chest X-ray) and a medical exam, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fingerprint Clearance	Do you possess a current, valid Fingerprint Clearance card?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2

Conviction Record	Have you ever been convicted of or awaiting trial for a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Record	Have you been convicted of a <u>D</u> ri <u>v</u> ing <u>U</u> nder the <u>I</u> nfluence in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3 GENERAL INFORMATION *Please PRINT using BLACK ink only*

Address _____
 Street City State Zip

Telephone _____ Message phone _____ E-mail _____

Can you: speak English write English read English

Are you fluent in any languages other than English? No Yes, which? _____ Speak _____ Read _____ Write _____

Are you currently or have you ever been employed by CPES? Yes No When/Where? _____

Have you ever applied for employment with CPES? Yes No When/Where? _____

Employment desired: Full time Part time Relief (On Call)
 Daytime Evening Overnight Weekend

Times you are available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Locations desired: Tucson Phoenix Tempe Mesa Bisbee Casa Grande Chandler Douglas
 Gilbert Flagstaff Parker Payson Safford Sierra Vista Willcox Yuma Other _____

If you were referred to us from a current CPES employee, please give us his/her name _____

SECTION 4 EDUCATIONAL BACKGROUND Please PRINT using BLACK ink only

Name of Institute	City	State	Number of Years Completed	Major	Degree	Graduated Yes or No
High School						
College						
Other						
Other Skills						

SECTION 5 EMPLOYMENT HISTORY Please PRINT using BLACK ink only

Please list all your employers for the past ten years, beginning with the most recent. Please see the receptionist if you need an additional sheet. This information must be completed even if you are submitting a resume.

Employer _____ Type of Business _____
 Address _____
 Telephone _____ Last Position Held _____
 Dates Employed ___/___/___ to ___/___/___ Supervisor's Name _____
 May we contact Yes No
 Job Functions _____
 Reason for Leaving _____ Starting Salary _____ Ending Salary _____

Employer _____ Type of Business _____
 Address _____
 Telephone _____ Last Position Held _____
 Dates Employed ___/___/___ to ___/___/___ Supervisor's Name _____
 May we contact Yes No
 Job Functions _____
 Reason for Leaving _____ Starting Salary _____ Ending Salary _____

Employer _____ Type of Business _____
 Address _____
 Telephone _____ Last Position Held _____
 Dates Employed ___/___/___ to ___/___/___ Supervisor's Name _____
 May we contact Yes No
 Job Functions _____
 Reason for Leaving _____ Starting Salary _____ Ending Salary _____

SECTION 6 ADDITIONAL INFORMATION Please PRINT using BLACK ink only

If Indian preference is listed on the job opening list and you are seeking employment on the basis of Indian-preference please complete the following:

I am an enrolled member of the following tribe: _____ enrollment # _____

Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 [Title 25, USC, Section 472].

This application and all attached documents become official records of CPES and will not be returned. This application for employment expires after 30 days. I understand that if I have not heard from CPES in 30 days and still wish to be considered for the position I will need to complete a new application packet. I understand that CPES is an Employment-At-Will Employer, which means that either CPES or I can terminate the employment relationship at any time for any lawful reason. I understand that this Employment-At-Will relationship can only be altered by a written employment contract specific to all terms and conditions of employment which is signed by both myself and the CEO of CPES. I hereby certify that the information contained in this application and related documents are true, correct and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my application will be rejected, or if discovered subsequent to hiring, will be grounds for termination. I authorize CPES to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____ Date _____

Official Use Only

Accepted Declined #

HR Signature

Date

SUPPLEMENTAL EMPLOYMENT HISTORY PAGE

NAME

DATE

Employer _____ Type of Business _____
Address _____
Telephone _____ Last Position Held _____
Dates Employed ___/___/___ to ___/___/___ Supervisor's Name _____
May we contact Yes No
Job Functions _____
Reason for Leaving _____ Starting Salary _____ Ending Salary _____

Employer _____ Type of Business _____
Address _____
Telephone _____ Last Position Held _____
Dates Employed ___/___/___ to ___/___/___ Supervisor's Name _____
May we contact Yes No
Job Functions _____
Reason for Leaving _____ Starting Salary _____ Ending Salary _____

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May we contact Yes No
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May we contact Yes No
Job Functions _____
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AUTHORIZATION TO RELEASE INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

I, _____	_____	_____
Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **CPES** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **CPES** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **CPES** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to the appropriate background service used by CPES, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports about me which appropriate background service used by CPES has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

