



DIRECT CARE WORKER EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name - Last: _____ First: _____ Middle: _____

Previously Held Names: _____

Mailing Address: _____

City State Zip

Phone - Home: _____ Work: _____ Cell: _____

Email Address: _____ Social Security Number: _____ - _____ - _____

Are you over 18 years old? Yes No Date of Birth (mm/dd/yyyy): _____

Emergency Contact Name and Phone: _____

Primary Language: _____ Secondary Language: _____

How did you hear about working for Consumer Direct? _____

How do you wish to be contacted? Phone Email Mail

Cell Phone Info
Is it a Smart phone?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it Text capable?
<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION/EXPERIENCE

Current Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current CPR certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current First Aid certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hoyer Lift experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you cover on short notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any restrictions, such as working with certain pets, smokers, or heavy lifting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments/Explanations:

CRIMINAL CONVICTIONS

Have you ever been convicted of a crime? Yes No *(If yes explain convictions, dates, and sentences imposed. Convictions will not necessarily prohibit employment, but will be considered in relation to specific job requirements.)*

LOCATIONS YOU CAN WORK/AVAILABILITY TO TRAVEL

Which areas are you willing to travel to for work (please circle applicable locations):
Anthem | Buckeye | Casa Grande | Chandler | Gilbert | Glendale | Mesa | Paradise Valley | Peoria
Queen Creek | Scottsdale | Surprise | Tempe | Wickenburg | Other: _____



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DAYS AND TIMES YOU ARE AVAILABLE TO WORK							
	SUN	MON	TUE	WED	THU	FRI	SAT
Start Time							
End Time							

PROSPECTS LIST/ADDITIONAL ASSIGNMENTS

Being listed on the Covenant Consumer Direct prospective DCW list (Prospects List) presents opportunities to connect you with additional Covenant Consumer Direct members after your initial placement. Caregivers who are on the list may want more hours or may need a more permanent assignment. We use this list as a tool for long term, short term, and emergency employment needs. The Prospects List includes your name, phone number, availability and area of town that you wish to work. When a member needs help recruiting a caregiver, we provide them with the list or assist them in finding a caregiver from the list. The member or Covenant Consumer Direct may call caregivers from the list to set up interviews and/or schedule work times.

To remain in good standing with our agency you are expected to adhere to conditions contained in your DCW Training Manual – current TB test, CPR, 1st Aid, Continuing Education, background check and Support Coordinator reviews. Should your requirements lapse, you will be removed from the Prospects List. If you are not available for scheduled work after accepting an assignment, you must notify the member and the Covenant Consumer Direct office. A no call/no show can result in removal from the Prospects List.

Your choice below will only affect your status on the Prospects List. Once employed with a member, you may continue working with that member even if you are removed from the list.

I agree with and understand the above information regarding the Prospects List. I wish to:

- Be included on the Prospects List.
- Not be included on the Prospects List. I am not interested in additional work after initial placement with a member. I understand that, by making this choice, I will not be eligible to file Unemployment Claims.

EDUCATION				
Type of School	Name of School	Location (Complete Address)	Circle last grade completed	Major & Degree
High School			9 10 11 12	
			9 10 11 12	
College/ Business/ Trade School			1 2 3 4	
			1 2 3 4	





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WORK EXPERIENCE			
Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
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Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			





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REFERENCES

List three references that can verify your character and work history (*Required per Arizona Health Care Cost Containment System Medical Policy Manual Chapter 1200*).

1. A Previous Employer	Reference Name:	Phone:
Company Name:		Applicant Employment Dates:
Reference Title:		Applicant Job Title:
Additional Information:		
2. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		
3. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		

PLEASE READ CAREFULLY

Neither the acceptance of this information nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company. The relationship cannot be altered except by a written instrument signed by the President of the Company. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained on this form and hereby give the Company permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. If I am hired, this Authorization will remain on file. It will be used to get updated information about me from Central Registry during my employment. A photocopy or facsimile of this Authorization is valid as the original.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment information, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with this company shall be probationary for a period of up to **180 days**, during which my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

This company is an equal opportunity employer and considers applicants on the basis of qualification without regard to gender, race, color, disability, national origin, religion, age, sexual preference or any other basis prohibited by city, state or federal law.

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