

# NAZCARE, Inc.

An Equal Opportunity Employer



Please print in ink (preferably black)

Number of attachments \_\_\_\_\_

## Application for Employment

Employees of NAZCARE and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained.

1. Position applied for \_\_\_\_\_  
(one per application)

2. Center \_\_\_\_\_

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name \_\_\_\_\_  
Last First Middle

6. Phone \_\_\_\_\_

5. Address \_\_\_\_\_

7. Cell Phone \_\_\_\_\_

8. E-mail Address \_\_\_\_\_

City State Zip

### 9. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year \_\_\_\_\_

b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No Date \_\_\_\_\_

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Min or	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

### 10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time Part-time Hours/week Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Please list any foreign languages and/or sign language that you are fluent in: \_\_\_\_\_  
 \_\_\_\_\_

f. Automated word processing (specify equipment) \_\_\_\_\_ WPM: \_\_\_\_\_

g. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_

b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. Check which employment status you'd accept:  Salaried  Hourly  Part-time salaried

d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.

e. List the geographic locations in which you are willing to work. If anywhere in No. Arizona, write "all" \_\_\_\_\_

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
 Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.

h. Are you a U.S. Military Service Veteran?  Yes  No Discharged honorably?  Yes  No

j. Have you ever been convicted for any violation(s) of law, including moving traffic violations?  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_

Statute or ordinance(if known ): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_

(For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? \_\_\_\_\_ 14. May we contact your former employers? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** All employment relationships with NAZCARE are of an at-will nature. This means that should you become employed, you may resign at any time, or NAZCARE may terminate you at any time, with or without cause, subject to Federal and State statutory limitations.

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**  
 I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the NAZCARE. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize NAZCARE to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the CEO designee.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_

**Voluntary Information:** Pursuant to Federal Regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability. This information is provided by you on a **completely voluntary** basis, and is not a requirement nor shall hold any bearing on employment consideration.

Check the block for the racial or ethnic group with which you identify:

- White (includes European and Arabian)
- Black (includes Jamaican, Bahamians and other Carribeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

**Disability:** I \_\_\_ do \_\_\_ do not have a disability\*.

\*"Disability" means, with respect to an individual: a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment

Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_
Name \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_
Employer \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_
Type of business \_\_\_\_\_
Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Job Title \_\_\_\_\_ Duties: \_\_\_\_\_
Employer \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_
Type of business \_\_\_\_\_
Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_
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Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

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Employer \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_
Type of business \_\_\_\_\_
Immediate supervisor \_\_\_\_\_

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Employer \_\_\_\_\_
Address \_\_\_\_\_
Phone \_\_\_\_\_
Type of business \_\_\_\_\_
Immediate supervisor \_\_\_\_\_

Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment used \_\_\_\_\_
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_