

# Trinity Visiting Nurse and Home Care LLC

302 EL Camino Real, Building 10, Suite F

Sierra Vista, Arizona, 85635

Agency Phone: (520) 458-1536

Agency Fax: (520) 458-4245

## Application for Employment (page 1 of 4)

Client Hire Date \_\_\_\_\_

Client Company \_\_\_\_\_

### Personal Information\*

Date \_\_\_\_\_

Name \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Street City State Zip

Permanent Address \_\_\_\_\_

Street City State Zip

Date You Can Start: \_\_\_/\_\_\_/20\_\_\_ If you are under 18, can you furnish a work permit?  Yes  No

Employment Desired (pick one):  Full Time  Part Time  Per Diem  Weekends

Position: \_\_\_\_\_ Requested Salary: \$ \_\_\_\_\_  
Per (circle one) Hour  
Month  
Year

Are you employed now?  Yes  No If so may we inquire of your present employer?  Yes  No

Have you ever applied to this company before?  Yes  No If so Where: \_\_\_\_\_ and When \_\_\_\_\_

Are you on layoff or subject to recall?  Yes  No Will you travel if required?  Yes  No

Will you relocate if the job requires it?  Yes  No Will you work overtime if required?  Yes  No

Are you able to meet the attendance requirements of this position?  Yes  No

Do you have a Fingerprint Clearance Card?  Yes  No If No, Can you Obtain one? Yes No

Have you ever been convicted of a felony in the past 7 years?  Yes  No

Such conviction may be relevant if job related, but *does not* bar you from employment. If yes - Explain

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## Application for Employment Continued *(page 2 of 4)*

### Education:

Education		Name and Location of School	# of years completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending				
	Last Completed				
Trades of Business	Currently Attending				
	Last Completed				

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company:

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### Employment:

Date Month and Year	Name and address of employer	Salary	Job	Reason for Leaving

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## Application for Employment Continued (page 3 of 4)

References: Give the names of three persons, not related to you, to whom you have known at least 1-year

Name	Address	Phone	Years Acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Speak Only

In case of emergency notify:

Name	Address	Relationship	Phone

Please read the below conditions and initial beside each one, if you agree.

INITIAL

Conditions of Employment – please read carefully

\_\_\_\_\_ Reporting to work with impaired abilities; or possession, consumption or distribution of drugs and/or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including termination. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

\_\_\_\_\_ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

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## **Application for Employment Continued** *(page 4 of 4)*

Please read the below conditions and initial beside each one, if you agree. (continued from Previous page)

**INITIAL**

**Conditions of Employment – please read carefully**

\_\_\_\_\_ The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

\_\_\_\_\_ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designed by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company. Panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

\_\_\_\_\_ This application is current for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date