

*IF YOU HAVE QUESTIONS OR CONCERNS REGARDING THIS FORM OR THE APPLICATION PROCESS, CONTACT:*

**Human Resources  
1025 Sunrise Ave., Kingman, AZ 86401  
Phone: 928-718-2021 Fax: 928-718-3524**

## **Employment Application Instructions**

### **PLEASE READ BEFORE SUBMITTING APPLICATION**

**Submitting an application:** You must submit a SEPARATE and complete application for each recruitment you are applying for. Resumes will not be accepted "in lieu" of a completed application; however, a resume may be submitted to fulfill the Employment History Section of the application provided your resume includes all of the required information. All questions must be fully answered accurately and completely in BLACK ink or typed, except for the voluntary equal employment data sheet. You may be disqualified for any false statement or for omitting information. Completed applications may be submitted in person or by mail and must be received, not postmarked, by the Human Resources Office by 5:00 P.M. on the closing date specified in the job announcement. It is your responsibility to allow adequate mail or delivery time.

**Acceptance:** Applicants who fail to submit all required information will not be considered for employment. All applications are accepted on a tentative basis subject to later review of your employment history. If you do not meet the necessary requirements or your work history is not acceptable, you will not be considered for employment.

**Selection:** Individuals selected for a position with Helen's Place will be extended a contingent offer of employment by a representative from the Human Resources Office. As a condition of employment, prospective employees will be required to:

1. Provide at their own expense, documents establishing identity and employment eligibility.
2. Successfully complete screening against the U.S. Department of Health Services Excluded Individual List, a criminal background investigation, drug/alcohol screening, and TB Screen at Helen's Place expense.
3. Applicants hired for safety sensitive positions must obtain and maintain a Department of Public Safety Fingerprint Clearance Card at their own expense and/or undergo other testing as may be required for the position.
4. Individuals hired for positions requiring the operation of a Helen's Place Assisted Living and/or personal vehicle on official business must possess and maintain a current valid Arizona Driver's License. Employees may be required to undergo competency testing, medical evaluation including drug/alcohol screening, credit check, driving history checks, and/or background investigations as continuing condition of employment.

**Applicant Notification:** Due to the number of applications received, the Human Resources Office is unable to notify you if you are not selected for an interview. You will be notified by the Hiring Department in writing or by phone if you are selected for an interview.

# Helen's Place Assisted Living EMPLOYMENT APPLICATION

Please return completed application to:  
Human Resources

1025 Sunrise Ave.; Kingman, AZ 86401  
Phone: 928-718-2021 Fax: 928-718-3524

The application form must be completed in sufficient detail to allow comprehensive review and evaluation. Issuance or acceptance of an application shall not be construed as incurring an obligation by Helen's Place. In no case shall acceptance of an application constitute assurance of consideration, and an applicant may be required to submit additional application information and undergo further testing for a position. **Helen's Place is an Equal Employment Opportunity Employer. It is the policy of Helen's Place to recruit, hire and promote qualified persons without regard to race, color, sex, religion, national origin, age, political affiliation, physical or mental impairments or veteran status.**

POSITION APPLYING FOR:

**MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION AND COMPANY YOU ARE APPLYING FOR.**

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

HOME PHONE: \_\_\_\_\_ WORK / CELL PHONE: \_\_\_\_\_

TYPE OF APPOINTMENT DESIRED (Check all that apply)

<b>REGULAR</b>	<b>OTHER</b>
<input type="checkbox"/> Full-Time Regular <input type="checkbox"/>	<input type="checkbox"/> Per Diem
<input type="checkbox"/> Part-Time Regular (20 – 31 hours per week) <input type="checkbox"/>	

SHIFTS YOU ARE ABLE TO WORK: (Check all that apply)

Day  Night  Evening  Weekends  Alternate/Flex Schedule  Rotating

Will you accept a job that requires you to work overtime, including weekends or holidays?  YES  NO

Date available to work: \_\_\_\_\_

Do you legally have the right to work in the United States?  YES  NO

(NOTE: All applicants will be required to furnish proof of identity and legal right to work in the United States)

Have you been known to previous schools/employers/references by another name?  YES  NO If yes, please provide name(s): \_\_\_\_\_

Are you under 18 years of age?  YES  NO (If yes, please fill out Authorization & Disclosure for Minors).

Do you have relatives working for Helen's Place ?  YES  NO

If "YES" complete the following:

Name: \_\_\_\_\_ Company/Dept: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Company/Dept: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been employed by Helen's Place ?  YES  NO

If "YES" complete the following:

Date employed from: \_\_\_\_\_ to \_\_\_\_\_ Company/Dept: \_\_\_\_\_

**Have you ever been convicted as an adult, or adjudicated delinquent as a juvenile, of any violation of the law?** You must answer yes if you have any convictions or adjudications, in any state, no matter how long ago, whether felony or misdemeanor, even if they have been set aside, vacated, pardoned, expunged, dismissed or appealed, whether or not your civil rights were restored, you successfully completed probation, went to trial, entered a guilty plea or a no contest plea?  YES  NO

**If yes, please explain** all convictions as accurately and completely as possible. Convictions will be evaluated in relation to the particular position you are applying for and will not necessarily disqualify you for employment.

\_\_\_\_\_

\_\_\_\_\_

**Have you ever had any disciplinary action taken against any professional license or certificate or had a professional license or certificate suspended or revoked?**

YES  NO **If yes, please explain** as accurately and completely as possible.

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION & TRAINING**

**High School Attended:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Did you receive a  High School Diploma  G.E.D.  High School Proficiency Highest Grade Completed: \_\_\_\_\_

**College/Business, Vocational or Technical School:**

Name & Location	Credit Hours Sem/Qtr.	Major/Course of Study	Type of Degree	Degree Awarded
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**List job-related licenses, registrations, certificates, and professional memberships:**

(Copy must be attached if a requirement of position for which you are applying)

DESCRIPTION	NUMBER / STATE ISSUING	EXPIRES

**MILITARY SERVICE:**  YES  NO **If "YES", please complete the following:**

Branch of Service: \_\_\_\_\_ Honorable Discharge:  YES  NO

Are you currently a member of a U.S. Reserve or National Guard unit?  YES  NO

If "YES", list current assignment: \_\_\_\_\_

**COMPUTER-RELATED TRAINING & EXPERIENCE:** (Describe your experience and level of proficiency working with computer systems, applications, hardware, software, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:** Beginning with your current or most recent employer (including volunteer experience), list your employers for the last 10 years of employment. List jobs held prior to 10 years ago if they relate to the position you are applying for. Provide complete and accurate addresses of former employers. If you have had more than one position with the same employer, please list each position separately. Attach additional sheets as necessary. **UNLESS YOUR RESUME PROVIDES ALL OF THE INFORMATION REQUESTED BELOW, THIS SECTION MUST BE FULLY COMPLETED.**

May we contact all employers/supervisors listed?  YES  NO  
if NO, indicate exceptions and explain:

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Previous Employer: \_\_\_\_\_ Phone Number:( \_\_\_\_\_ )  
Address/City/State: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title: \_\_\_\_\_  Full-time  Part-time Hours Per Week: \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Phone Number:( \_\_\_\_\_ )  
Address/City/State: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title: \_\_\_\_\_  Full-time  Part-time Hours Per Week: \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Phone Number:( \_\_\_\_\_ )  
Address/City/State: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title: \_\_\_\_\_  Full-time  Part-time Hours Per Week: \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_ Phone Number:( \_\_\_\_\_ )  
Address/City/State: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title: \_\_\_\_\_  Full-time  Part-time Hours Per Week: \_\_\_\_\_  
Duties (be specific): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Explain any gaps in your work history: (Any unexplained employment gaps exceeding 30 days may dismiss you from further consideration in the employment process):

Have you been fired, terminated, or requested to resign (instead of termination) from any position in the past ten (10) years?     YES    NO

If yes, please identify the name of the employer and explain the circumstances surrounding the severance of your employment relationship:

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List all civil actions in which you were a party, other than divorce proceedings:

Date	Location	Nature of action or proceeding	Disposition/Court Action

List any other experience, knowledge and/or skills that you feel would especially qualify you for this position:

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Professional References (provide at least three professional references to include one or more current or recent supervisors):

Name of Reference	Address	Contact Phone Number(s)	Working Relationship

Personal References (provide at least three personal references not to include relatives or current employers)

Name of Reference	Address	Contact Phone Number(s)	Relationship

### Signature, Certification and Release of Information

Read the following statement carefully and sign

**Application IS INVALID unless SIGNED BY THE APPLICANT**

I hereby certify that the facts set forth on this application are true, correct and complete. I am aware that should investigations disclose misrepresentation, falsification, or willful omission, my application may be rejected or removed from consideration and I may be dismissed from employment and disqualified from employment with Helen's Place .

I authorize Helen's Place, and any agent acting on its behalf, to conduct an inquiry into any information related to my potential or continued employment with Helen's Place and authorize the release of any such information, including but not limited to, any criminal conviction on my record. I hereby release from liability Helen's Place and its agents acting on its behalf for seeking, gathering, and using such information as may be allowed by law, and all other persons, employers, corporations or organizations for furnishing such information. I recognize that any and all inquiries made by Helen's Place and any agents acting on its behalf and any and all verbal or written statements gathered therefrom shall remain solely the property of Helen's Place.

I understand that my initial and/or continued employment with Helen's Place is contingent upon successful completion of screening against the U.S. Department of Health Services Excluded Individual List, a criminal background investigation, pre-employment drug/alcohol screen and TB screen. I understand that depending upon the position for which I am applying additional tests including a credit check, fingerprinting for Department of Public Safety Fingerprint Clearance Card or a pre-employment physical examination may also be required for initial and/or continued employment with Helen's Place. I understand that the terms of my employment, including working conditions, compensation, benefits, and hours of work, work schedule, job assignment and location will be determined and/or changed within the discretion of Helen's Place.

I understand that the employment relationship between Helen's Place and its employees is at will and may be terminated by either party at any time, with or without cause and/or notice. Verbal or written representations contrary to this at will relationship are invalid, unless they are in writing and signed by the C.E.O.

Signature (Do not print): \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION AND DISCLOSURE FOR MINORS

### **Authorization**

I, \_\_\_\_\_, parent, guardian, or conservator for the minor under 18 years of age named \_\_\_\_\_ (Print Name of Minor), do hereby consent to allowing his/her prospective employer as checked above, to conduct a pre-employment drug screen, screening against the U.S. Department of Health Services Excluded Individual List, a criminal background investigation, administer a tuberculosis test as a condition of his/her employment. Applicants hired for safety sensitive positions must obtain and maintain a Department of Public Safety Fingerprint Clearance Card at their own expense.

\_\_\_\_\_  
Print Name of Parent/Guardian/Conservator

\_\_\_\_\_  
Signature of Parent/Guardian/Conservator

\_\_\_\_\_  
Date

### **DISCLOSURE**

As a company involved specifically in the care of residents which are typically older adult men and women, your minor may be required to perform daily tasks that would not normally be performed by a minor although typically performed in this nursing home setting. Our employees provide for the daily living skills of our residents which include but are not limited to: bathing, oral hygiene, toileting, and feeding. Additionally, some residents may exhibit behaviors which may be startling to young adults. We advise you in advance so that you may be aware and assist your minor in making a decision to work in this environment.

\_\_\_\_\_  
Print Name of Parent/Guardian/Conservator

\_\_\_\_\_  
Signature of Parent/Guardian/Conservator

\_\_\_\_\_  
Date

## Equal Employment Opportunity Information

Helen's Place is an Equal Opportunity Employer. As we are required by law, we must record certain information to be made a part of our Affirmative Action Program. The information solicited on this page is being compiled to comply with applicable federal and state regulations for statistical purposes. You are not required to furnish this information but your cooperation is appreciated. The information provided on this form is confidential and will be kept separate from your employment application. You will not be subject to any adverse action for not responding to this form.

**Name:** \_\_\_\_\_  
Last First Middle

**Position(s) applied for:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Where did you first learn about this job?

Walk-in  
 Employee (please specify): \_\_\_\_\_  
 Company Website  
 Newspaper (please specify): \_\_\_\_\_  
 Professional Journal/Website (please specify): \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

### Submission of information is voluntary

**Gender (check one)**       Female       Male

**Age:**       Under 18       Over 40

**Ethnicity:**       Asian/Pacific Islander       Black  
                          Caucasian       Hispanic  
                          American Indian/Alaskan Native

### Veteran Status:

**Vietnam Era Veteran:** Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

**Special Disabled Veteran:** Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Other Protected Veteran:** Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

**Recently Separated Veteran:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veterans:** Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

**Individual with Disabilities:** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).