



Dear Applicant,

Thank you for choosing **AlwaysOn Home Care** a family-owned and operated agency. We pride ourselves in our contribution to the home health industry by providing job opportunities to thousands of individuals while our clients are being served in the comfort of their own homes on a 3-hour to a 24-hour basis. Our system has evolved over the last two decades and consistently responds to the changes of the times. We encourage you to join our team in making a difference in the lives of the elderly and the disabled.

In our goal to ensure employee and client safety, we subject our applicants to the following pre-employment requirements:

- Six (6) verifiable references are required for employment.
- Six (6) months prior related experience, caregiver experience, previous or current state issued C.N.A license is recommended.
- Tuberculosis Test, if positive, Chest X-Ray and/or a physician's note clearing you of the disease will be required.
- Valid CPR Card BLS certification required.
- Current Driver's license or State issued I.D. card
- Social Security Card, Birth Certificate or Alien Registration with photo
- Fingerprints: AZ Finger Print Card, OIG Background..
- New Hire Orientation (in office)
- Reliable transportation and home telephone number
- DMV Driving Record Printout
- UAI (pre-employment drug screening) and random drug screening as we are a drug free work place.
- Successful completion and certification of the agency approved caregiver basic training class. Applicants with verifiable experience of one or more years (as a caregiver) may challenge the test in lieu of attending the class. (a score of 80% or higher is required on the written exam and 100% on physical return demonstration)

For your convenience, we can assist you in setting up appointments, scheduling needed classes, and provide you with a list of agencies/institutions that conduct training that is required. While you are completing these, you may register for the training class/exam and orientation. However, the agency will not put you to work until you have successfully passed the criminal history background check. We would be happy to assist you the best way we can. You may reach us at (623)376-7777 anytime Monday through Friday from 8am to 4pm.

Please complete the attached application form. Please **do not** leave any spaces blank. Write N/A if not applicable.

If you are unable to meet the above pre-employment requirements at this time, we would be pleased to discuss employment opportunities with you either way.

We look forward to have you as a member of our family.

Sincerely,
The Management & Staff
AlwaysOn Home Care
8671 West Union Hills Drive, Ste. 500
Peoria, AZ 85382
Phone: 623-376-7777
Fax: 623-476-2978



Employment Requirements

For your convenience, here is a list of institutions and agencies that may assist you in completing the pre-employment requirements. Basic Training is required for those applicants that do not hold a C.N.A. certification or have 1 + years of verifiable previous experience as a caregiver. While you are completing these requirements, you may still schedule basic orientation with the Human Resources Director thru our office. We would be happy to assist you the best way we can. You may reach us at from Monday to Friday, between 8:00AM to 4:00PM. Thank you for your interest in becoming a part of our family. We look forward to having you on board.

***CPR Card (current) we can arrange for a class in our office or call one of the following:**

City of Peoria Fire Department (\$25.00)
8351 W. Cinnabar
Peoria, AZ 85345
623-773-7279

123 CPR (\$40.00)
8581 W. Kelton Lane, Suite 203
Peoria, AZ 85381
623-398-5811

*Please call to register for a class

***Fingerprint Letter/Verification**

Arizona Department of Public Safety \$68.00-\$100.00

You can be fingerprinted at one of the following locations:

Physical Address: 2320 N 20th Ave. Phoenix, AZ 85009

***Caregiver Certification:**

Practical Training
2432 W Peoria Ave Bldg. 14 Suite 1244
Phoenix, AZ 85029
Phone: 602-680-7950
Fax: 602-680-7951
Direct Care Worker: \$475.00
Caregiver Training for AL: n/a

Cactus Wren
11024 N 28th Dr. Ste. 265,
Phoenix, AZ, 85029
T: 602-633-2730
F: 602-633-2731
Direct Care Worker: \$250.00
Caregiver Training for AL: \$699.99

***Driving Record**

<https://servicearizona.com/motorVehicleRecord> (\$3.00-\$5.00)

After you have been fingerprinted, you will need to turn documentation/verification of completion into the Human Resource Coordinator at AlwaysOn Home Care.

Once all requirements are completed, you will need to attend:

- 2-hour Human Resource Orientation

Reminders:
HR Orientation Scheduled: _____
Caregiver Basic Training/Exam Scheduled: _____



APPLICATION FOR EMPLOYMENT

Personal Information

Do not leave any space blank. Write "N/A" if not applicable.

Date: _____

Name (Last, First, MI) _____

Previous/Maiden Name _____ Are you over 18 years of age? _____

Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Cellular () _____ Pager _____

SS No. _____ Are you a smoker? Y _____ N _____

Can you refrain from smoking while at work? Y _____ N _____

EMPLOYMENT DESIRED

Position Applied for _____ Date you can start? _____

Select desired shift:

Day	Evening	Overnight	Weekends ONLY	Weekdays ONLY	Others

Please list hours of availability each day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you learn of this opening? _____

Have you ever applied to AlwaysOn Home Care? Yes No

Previously worked for AlwaysOn Home Care? Yes No

When? _____ Supervisor _____

Reason for Leaving: _____

Have you ever been convicted of a felony? Yes No

Within the last 7 years? If so, when? Yes No Year _____

Briefly explain _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

	Location	Date Attended	Degree Earned
High School			N/A
College/University			
Trade/Vocational			
Other			

EMPLOYMENT HISTORY

PLEASE FOLLOW THESE INSTRUCTIONS: Please give the details of your previous jobs. Applicant must provide all information requested including City, State, Zip Code and Telephone and if possible Fax Number; otherwise, this application may not be processed.

Position: _____	Employer	City, State	Telephone & Fax	Supervisor
From _____			Telephone #: () _____	Name: _____
To _____			Fax # : () _____	Position: _____
Position: _____	Employer	City, State	Telephone & Fax	Supervisor
From _____			Telephone #: () _____	Name: _____
To _____			Fax # : () _____	Position: _____
Position: _____	Employer	City, State	Telephone & Fax	Supervisor
From _____			Telephone #: () _____	Name: _____
To _____			Fax # : () _____	Position: _____

May we contact your present employer at this time? Yes No

Language spoken: _____

What skills do you have that would be useful in this line of work? _____

Tell us about yourself _____

What do you hope to learn or experience if employed with AlwaysOn Home Care? _____

REFERENCES

PLEASE FOLLOW THESE INSTRUCTIONS: *Excluding relatives and former employers*, list three references. You must provide all requested information including City and State; otherwise this application may not be processed.

Name	City, State	Telephone & Fax	Years Acquainted
First Name: _____ Last Name: _____		Telephone #: () _____ _____ Fax # : () _____ _____	
Name	City, State	Telephone & Fax	Years Acquainted
First Name: _____ Last Name: _____		Telephone #: () _____ _____ Fax # : () _____ _____	
Name	City, State	Telephone & Fax	Years Acquainted
First Name: _____ Last Name: _____		Telephone #: () _____ _____ Fax # : () _____ _____	

EMERGENCY CONTACT INFORMATION

Name	Phone #	Relationship
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What are your means of transportation? Check the one that applies.

- Bus
- Self-Owned Car
- Others (must specify) _____

Do you have any restrictions that we need to consider when we staff you?

- Yes (please specify) _____
- No

Do you currently hold any state licenses or certificates of education?

- Yes (please specify) _____
- No

EMPLOYMENT AGREEMENT

This agency does not discriminate in hiring based on race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, age, physical, or mental disability. No information requested on this application is intended to secure information to be used for such discrimination.

I voluntarily give this agency the right to make a thorough investigation of my past employment and activities. I also agree to cooperate in such investigation and release from liability or responsibility all persons companies or corporations supplying such information. I consent to take a physical examination, and future physical examinations as may be required. I understand that my employment may be contingent on the completion of the pre-employment requirements, current CPR Card, TB Test/Chest X-ray, Fingerprints/Criminal History Clearance, valid proof of identification, Basic Training, Human Resource Orientation, and pre-employment drug screening as these relate to the essential duties that I would be required to perform.

I understand that my employment is at will; either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), present satisfactory evidence of identity and eligibility of employment.

X _____
Signature

X _____
Date



EMPLOYMENT VERIFICATION

AUTHORIZATION TO RELEASE INFORMATION

I, **x** _____, authorize this employer to release information to
 (First Name) (Last Name)
 AlwaysOn Home Care. I also release the employer from any and all liability resulting from the release of such information. I understand that the employer, if so directed by the court, may release other information.

Position Applied for: * Personal Care Attendant/Caregiver * Others: _____

Applicant's Signature **X** _____

Social Security Number **X** _____

*******APPLICANTS STOP HERE PLEASE*******

We would like to verify employment for the above named individual. In order for us to process this application, we would like the following information completed. Please return the requested information to: **(623) 476-2978 (fax), Attention: Human Resource Director.**

	Comments		Comments (Excellent, good, fair, poor)
Currently Employed	Yes No	<i>Dependability</i>	
Eligible for Rehire	Yes No	<i>Cooperation</i>	
Date of Employment		<i>Quality of Work</i>	
Position Held		Reason for Leaving	

Signature: _____ Date: _____

Print Name _____ Title _____

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