



AZ QUALITY CARE L.L.C
Job Application
16807 E. Palisades Blvd.#101
Fountain Hills, AZ. 85268
Phone (480) 837-4966
Fax (480) 837-4450

AZ QUALITY CARE L.L.C is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below.

Applicant Information

1. Name: _____
2. Date of Application: _____
3. Address: _____
4. City, State and Zip code: _____
5. Email Address: _____
6. Telephone number: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position?

What days are you available for work?

What hours or shifts are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Salary desired:

Personal Information

Have you ever applied to or worked for AZ QUALITY CARE L.L.C before?

If yes, when?

- Do you have any friends, relatives, or acquaintances working for AZ QUALITY CARE L.L.C? If yes, state name & relationship:

Are you 18 years of age or older?

Are you a U.S. citizen or approved to work in the United States?

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?

Do you have any conditions which would require job accommodation? If yes, please describe accommodations below:

Do you have 1. CPR 1st Aid yes no 2. Article 9 yes no 3. Fingerprint card

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), where and when you have been convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: AZ QUALITY CARE L.L.C complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference full name, NOT FAMILY MEMBER	Relationship	Contact Information address and phone #	

AT-WILL EMPLOYMENT

The relationship between you and AZ QUALITY CARE L.L.C is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or AZ QUALITY CARE L.L.C. No representative of AZ QUALITY CARE L.L.C has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President. Your position is temp to hire for the 1st three months, during the 1st three months you are not allowed to take more than one day off every month except if it is an emergency or sickness with doctor letter, if you reached two no show to work events without at least 24 hours' notice will lead to job termination.

Applicant Signature: _____

Date: _____

AZQC Rep Signature: _____

Date: _____