



APPLICATION FOR EMPLOYMENT

Complete entire application to ensure processing. Please type or print clearly.

TODAY'S DATE:

PERSONAL INFORMATION form with fields for LAST NAME, FIRST NAME, MIDDLE INITIAL, OTHER NAMES YOU ARE KNOWN BY, HOME ADDRESS, CITY, STATE, ZIP CODE, CELL PHONE, HOME PHONE, EMAIL, and ARE YOU UNDER 18?

POSITION APPLYING FOR: DATE AVAILABLE:

Check days you are available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available to work holidays? Yes No Are you available to work overtime? Yes No

Check the type of assignment you are available for: Full-time Part-time On-Call Per Diem

Check the type of assignment you are available for: Mornings Days Evenings Nights

Can you, after employment, submit verification of your identity and legal right to work in the United States? Yes No

How were you referred to SunLife?

Have you ever been employed at SunLife? Yes No If yes, give dates of employment:

Are you related to a current SunLife employee? Yes No If yes, name and relationship to you:

Do you have an automobile or another form of dependable transportation? Yes No

If you have an automobile, do you have proof of current auto insurance coverage? Yes No

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor (other than a minor traffic violation)? (Do not indicate any conviction that has been judicially dismissed, expunged, sealed or eradicated) NOTE: A conviction is not necessarily a bar to employment. Each case is considered individually and evaluated on the basis of the nature of the crime and the position you are applying for. Yes No If Yes, please describe the details of all offenses including nature, circumstances, and dates. Attach additional sheets if necessary.

Have you ever had a health-care related license/certificate revoked, suspended, placed on probation, under investigation or otherwise disciplined or voluntarily surrendered in any way? Yes No If yes, please explain. Attach additional sheets if necessary.

LANGUAGES form with checkboxes for Speak, Read, Write in three columns.

EDUCATION table with columns: NAME OF SCHOOL, CITY/STATE, GRADUATE: Y/N, DEGREE RECEIVED, COURSE OF STUDY. Rows include HIGH SCHOOL, COLLEGE, OTHER, OTHER.



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**PROFESSIONAL EXPERIENCE (Do NOT reference as "See Resume". You may attach resume.)**

EMPLOYER NAME		DATES OF EMPLOYMENT FROM: _____ TO: _____	
ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
TELEPHONE: _____	POSITION: _____	PAY RATE/SALARY: _____	NAME OF SUPERVISOR: _____
DUTIES: _____			
REASON FOR LEAVING _____		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT? _____	

EMPLOYER NAME		DATES OF EMPLOYMENT FROM: _____ TO: _____	
ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
TELEPHONE: _____	POSITION: _____	PAY RATE/SALARY: _____	NAME OF SUPERVISOR: _____
DUTIES: _____			
REASON FOR LEAVING _____		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT? _____	

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ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
TELEPHONE: _____	POSITION: _____	PAY RATE/SALARY: _____	NAME OF SUPERVISOR: _____
DUTIES: _____			
REASON FOR LEAVING _____		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT? _____	

EMPLOYER NAME		DATES OF EMPLOYMENT FROM: _____ TO: _____	
ADDRESS: _____		CITY: _____	STATE: _____ ZIP CODE: _____
TELEPHONE: _____	POSITION: _____	PAY RATE/SALARY: _____	NAME OF SUPERVISOR: _____
DUTIES: _____			
REASON FOR LEAVING _____		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT? _____	

**PLEASE PROVIDE INFORMATION ON AT LEAST THREE PROFESSIONAL REFERENCES.**

NAME	PHONE NUMBER	EMAIL	RELATIONSHIP	YEARS KNOWN



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<b>CERTIFICATIONS/LICENSES</b>			
<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR)    Exp. Date:	<input type="checkbox"/> First Aid    Exp. Date:		
<input type="checkbox"/> Basic Cardiac Life Support (BCLS)    Exp. Date:	<input type="checkbox"/> Emergency Medical Technician    Exp. Date:		
<input type="checkbox"/> Advanced Cardiac Life Support (ACLS)    Exp. Date:	<input type="checkbox"/> Intravenous Therapy (IV)    Exp. Date:		
<input type="checkbox"/> Pediatric Advances Life Support (PALS)    Exp. Date:	<input type="checkbox"/> Phlebotomy    Exp. Date:		
<input type="checkbox"/> Neonatal Advanced Life Support (NALS)    Exp. Date:	<input type="checkbox"/> Fingerprint Clearance Card    Exp. Date:		
<input type="checkbox"/> Article 9 Certification    Exp. Date:	<input type="checkbox"/> CIT I & II Certification    Exp. Date:		
<input type="checkbox"/> Direct Care Worker Certification    Exp. Date:	<input type="checkbox"/> Caregiver Certification    Exp. Date:		
<input type="checkbox"/> Other:    Exp. Date:	<input type="checkbox"/> Other:    Exp. Date:		

License Type:	License or Certification #:	State:	Expiration Date:
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License Type:	License or Certification #:	State:	Expiration Date:

<b>PLEASE RATE YOURSELF ON YOUR EXPERIENCE WITH THE FOLLOWING ASPECTS OF CAREGIVING</b>				
	No Experience	Some Experience	Good Experience	Excellent Experience
Companionship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry/Ironing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing/Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing/Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia/Alzheimer's Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Care (Bed-ridden)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to work with pets?     Yes     No    Comments: \_\_\_\_\_

Are you able to work with smokers?     Yes     No    Comments: \_\_\_\_\_

Are you able to lift 50 pounds unassisted?     Yes     No    Comments: \_\_\_\_\_

Why do you enjoy caregiving? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

**PLEASE LIST ANY WORK-RELATED INFORMATION YOU THINK WOULD BE HELPFUL IN CONSIDERING YOU FOR EMPLOYMENT**

**(i.e. professional licenses, specialized training, skills, certifications, etc.)**

*You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*


In signing this application, I certify that I have read and fully understand the questions asked in this application. I certify, under penalty of perjury under the laws of the State of Arizona, that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I understand that this Application is not nor is it intended to be a contract of employment, and that if hired, I will be an employee at will and employed for no definite period of time. I understand that either SLHC, Inc. or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of SLHC, Inc., SunLife Home Health, LLC., or SunLife Management, Inc., at any time, can constitute a contract of employment.

SLHC, Inc. is a nicotine, drug and alcohol free workplace, and conducts post-offer, pre-employment nicotine, drug, and alcohol testing for select positions at the Company's expense. I understand that an offer of employment is contingent upon successful completion of a pre-employment nicotine/drug/alcohol test. All employees are subject to random, post-accident and reasonable suspicion nicotine/drug/alcohol testing. Employees testing positive for nicotine, illegal drugs, unauthorized prescribed drugs, or alcohol will be subject to termination. By signing below, I am willing to submit to a physical examination, including the analysis for the detection of the use of nicotine or unlawful drugs or substances in accordance with applicable laws.

SLHC, Inc. conducts employment verification and background checks including, but not limited to, employment history, work references, driving records (for applicable positions), criminal records, civil records, and educational records. By signing below, I give SLHC, Inc. permission to use any information in this application to enable it and its agents to verify the information contained in this application. I also understand that in connection with my application for employment or my employment, SLHC, Inc. may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release SLHC, Inc., SunLife Home Health, LLC., and SunLife Management, Inc., its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

Individuals applying for positions requiring the use of an automobile for Company business are hired contingent upon a satisfactory Motor Vehicle Record. Applicants found to have unacceptable driver's records will not be considered. If employed, I agree to provide evidence of an acceptable record as well as proof of auto insurance liability coverage. Employees in positions requiring the use of an automobile must maintain a valid driver's license, proof of auto liability insurance, and a good driver's record.

I understand that SLHC, Inc. is not involved in the day-to-day supervision or decision concerning patient care. This remains with me, as a Professional, as part of my practice. I fully indemnify SLHC, Inc., SunLife Home Health, LLC., and SunLife Management, Inc., against any and all liability and responsibility associated with my professional duties. By signing below, I agree to maintain my license, certifications, professional liability coverage and other responsibilities as required by law.

In consideration of my employment and of my being considered for employment by SLHC, Inc. dba SunLife Home Care, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I certify that I have read and understand the above information.

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

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

SLHC, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

**NOTE: PLEASE MAKE SURE YOU HAVE COMPLETED ALL AREAS OF THE APPLICATION AND CHECKED ALL THE APPROPRIATE BOXES BEFORE SUBMITTING THE APPLICATION. SUBMITTING AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL DELAY OR PREVENT PROCESSING.**



**APPLICATION FOR EMPLOYMENT**

**APPLICANT DISCLOSURE AND RELEASE FOR CONSUMER AND INVESTIGATIVE REPORTS AND REFERENCES:**

*(Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. Section 604 "(b) of FCRA provides conditions for furnishing and using consumer reports for employment purposes.)*

I hereby authorize SLHC, Inc. dba SunLife Home Care, or any independent investigating agency, to conduct a thorough investigation of my personal and professional background, including credit, criminal and driving records as defined by the Fair Credit Reporting Act (FCRA). These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, personal interviews, and my personal credit history. I further understand that an acceptable credit report and/or background check will allow me to continue the pre-employment process and that an unacceptable credit and/or background check may result in the discontinuation of my pre-employment process. I also authorize present and former employers, corporations, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background to SLHC, Inc. with regard to any of the subjects covered by my application.

I understand if I am hired prior to the completion of the background check, that an unacceptable background check will result in my termination. I understand that the credit report I have authorized above may include information derived from any credit bureau and any other public records or other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any credit report and/or criminal background search prepared on me upon my written request within a reasonable time after the date of such search, and that I am also entitled to a copy of your Rights under the Fair Credit Reporting Act. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to SLHC, Inc., including but not limited to, any courthouse, any public agency, and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I hereby release SLHC, Inc., SunLife Home Health, LLC., SunLife Management, Inc. and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands of whatever kind, by me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the credit reports and/or background information check hereby authorized.

I understand that this Disclosure and Release Form shall remain in effect for the duration of my employment with SLHC, Inc. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form. Further, I certify that the information contained on this Disclosure and Release Form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information. I understand that my date of birth will be used solely for identification purposes.

LAST NAME			FIRST NAME			MIDDLE NAME		
OTHER NAMES YOU ARE KNOWN BY:								
PRESENT ADDRESS				CITY		STATE		ZIP CODE
SOCIAL SECURITY NUMBER					DATE OF BIRTH:			
PREVIOUS CITIES/STATES OF RESIDENCE DURING THE LAST 7 YEARS								
DRIVERS LICENSE #			STATE OF ISSUANCE			EXPIRATION DATE		
APPLICANT SIGNATURE						DATE		

**NOTE: SUBMITTING AN INCOMPLETE OR ILLEGIBLE FORM MAY DELAY THE BACKGROUND CHECK RESULTS.**

The Age Discrimination in Employment Act of 1967 and the Arizona Civil Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.