



EMPLOYMENT APPLICATION

NAME OF PERSON WHO REFERRED YOU TO US _____

Equal Opportunity Employer and Drug Free Workplace

S:\EMPLOYMENT Forms\New Employee Packet_English\Employment Application.doc August 27, 2009
SOREO In Home Support Services 1632 N. Country Club Rd Tucson, AZ 85716 (520) 321-4477

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Duties & Responsibilities			

(If you need to list more employers, please continue on a separate sheet of paper.)

GENERAL

Yes No

- May we contact your current employer for references?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A 'yes' response does not automatically disqualify your application.)

REFERENCES (REQUIRED)

List three references. One reference must be from a former employer. The other two references must be from **'non-family'** members. Soreo requires the addresses and phone numbers for all references.

	Name	Address	Telephone
1.			
2.			
3.			

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, past employment and public criminal background history, and to contact my references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986 and the Legal Arizona Workers Act (LAWA) of 2008. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

Applicants General Questions

- 1) What days will you be available for this job? M-F, Weekends, Full-time, Part-time.

- 2) Are you allergic to smoke or pets?

- 3) What type of transportation do you rely on? Aides are required to be able to transport themselves to the work sites on a regularly scheduled basis.

- 4) If you drive, do you have a valid Drivers License?

- 5) Are you CPR or First Aide Certified?

- 6) In what area of town do you live? North, South, East, West, Central.

- 7) Will you be able to work outside the city limits? How far are you willing to drive?