



EMPLOYMENT APPLICATION

Arion Care Solutions, LLC (ACS)

Date _____

Full Legal Name _____

First Middle Last AKA

Mailing Address _____

Street Address Apt# City State Zip

Physical Address if different _____

Cell Phone _____ OK to receive text YES NO Other phone _____

Email Address (required) _____ SS# _____ DOB _____

Emergency Contact Name/Relationship/Phone Number(s):

Are you over 18 years of age? YES NO
Are you a US citizen? YES NO If not, are you authorized to work in the US YES NO
Have you ever been convicted of a felony YES NO If yes, explain _____
Have you ever worked for ACS? YES NO If yes, when _____ Last name if different _____
High School _____ Did you graduate YES NO Years completed _____
College _____ Did you graduate YES NO Years completed _____
Other _____ Did you graduate YES NO Major/Degree _____

FIVE REFERENCES- Please do not list relatives or people with whom you live. At least one must be a professional reference. Please notify the recipients they will receive an email request from Arion Care Solutions and it may go to their junk mail box.

Full name _____ Relationship _____

Phone # _____ Email Address: _____

Full name _____ Relationship _____

Phone # _____ Email Address: _____

Full name _____ Relationship _____

Phone # _____ Email Address: _____

Full name _____ Relationship _____

Phone # _____ Email Address: _____

Full name _____ Relationship _____

Phone # _____ Email Address: _____

HOW DID YOU HEAR ABOUT ACS/WHO REFERRED YOU? _____

EMPLOYMENT HISTORY/EXPERIENCE (INCLUDING ANY VOLUNTEER EXPERIENCE) IF FAMILY MEMBER PLEASE INDICATE EXPERIENCE WITH MEMBER

COMPANY NAME: _____ PHONE _____

ADDRESS _____ SUPERVISOR _____

Responsibilities _____ DATE STARTED _____

REASON FOR LEAVING _____ DATE ENDED _____



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COMPANY NAME:	PHONE
ADDRESS	SUPERVISOR
Responsibilities	DATE STARTED
REASON FOR LEAVING	DATE ENDED

COMPANY NAME:	PHONE
ADDRESS	SUPERVISOR
Responsibilities	DATE STARTED
REASON FOR LEAVING	DATE ENDED

CERTIFICATIONS

Do you have a current nationally recognized CPR card? YES NO Exp date _____

Do you have a current nationally recognized First Aid card? YES NO Exp date _____

Have you completed AZ Article 9 training? YES NO Exp date _____

Do you have a current AZ Level 1 Fingerprint Clearance card? YES NO Exp date _____

Have you completed AZ DCW training? YES NO Level _____

Please list your availability to work _____

Are you currently employed YES NO If YES, what is your work schedule? _____

Above certifications are not required to apply for this position. ACS can assist in obtaining certifications prior to being hired.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application as may be necessary in arriving at a hiring decision. I understand that false or misleading information given in this application or interview(s) may result in the cancellation of my employment. I also understand that I am required to abide by all rules and regulations of Arion Care Solutions, LLC and other regulating bodies.

I authorize Arion Care Solutions, LLC to search the AZ Department of Economic Security (AZDES), Child Protective Services (CPS), Central Registry and the Office of Inspector General (OIG) for consideration of this position to work with children and/or adult client members of AZDES.

Signature _____ Date _____

OFFICE USE ONLY:

Hire date _____ Payroll entered date _____

Supervisor _____