

If yes, please explain _____

Are you currently attending school? Yes No

If yes, where? _____

What subject(s) of special study or research work are you, or have you pursued?

(Required only for direct care positions – nurse, nurse aide, therapy, social services, activities)

Do you have an AZ Department of Public Safety Fingerprint Clearance Card? Yes No

If yes, expiration date: _____

WORK EXPERIENCE

Please list all employment for the LAST TEN (10) YEARS. Begin with your most recent employment. Please complete even if you have a resume. Attach additional sheets if necessary. Please account for any gaps in employment.

Employer: _____ Job Title: _____	Work Performed
Address: _____	
Supervisor's Name and Title: _____	
Work Phone: _____ May we contact: Yes ___ No ___	
Dates of Employment: From: _____ To: _____	
Hourly Rate/Salary: Starting: _____ Final: _____	
Reason for Leaving: _____	

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Comments: Include explanation of any gaps in employment.

EDUCATION

High School

Name: _____ Graduated: Yes No

Address: _____

College

Name: _____ Graduated: Yes No

Address: _____ Major: _____ G.P.A. _____

Other

Name: _____ Graduated: Yes No

Address: _____ Major: _____ G.P.A. _____

REFERENCES

List the name and telephone number of three business/work references who are not related to you. These references should be in addition to those listed on this application. If not applicable, list three personal references that are not related to you.

Name: _____	Relationship: _____	Years Known: ____	Phone: () _____
Name: _____	Relationship: _____	Years Known: ____	Phone: () _____
Name: _____	Relationship: _____	Years Known: ____	Phone: () _____

If you are hired, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire and a valid social security number for reporting the wages that you earn. Can you, after employment, provide verification of your legal right to work in the United States and a valid social security number? Yes No

Have you ever been convicted of a criminal offense by any court? Yes No

If you have been convicted of a criminal offense, please state the nature of the crime(s), when and where convicted, and disposition of the case.

Note: A conviction will not necessarily disqualify you from consideration for employment. The nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for may be considered.

Have you ever been excluded from participation in the federal or any state health care programs? Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

(Initial) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

(Initial) I understand that I must complete and submit the Employment Verification Form (I-9) by providing documentation to establish identity and employment eligibility within three business days of the date employment begins. I further understand that I must provide a valid social security number for the purpose of reporting the wages I earn to the state and federal governments.

(Initial) I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby waive and release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

(Initial) I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the Company or myself. No promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by the Company President.

(Initial) I understand that any offer of employment, as applicable, is contingent upon successful passing of a pre-employment and post-offer physical examination, drug test, criminal background check, reference checks, fingerprinting, suitability for employment processing, and other such pre-employment and post-offer exams as may be necessary or requested.

NOTICE RE DRUG TESTING, CRIMINAL BACKGROUND CHECKS AND E-VERIFY

IN ORDER TO ENSURE THE SAFEST ENVIRONMENT FOR OUR PATIENTS AND STAFF, THIS COMPANY CONDUCTS POST-OFFER/PRE-EMPLOYMENT DRUG TESTING AND CRIMINAL BACKGROUND SCREENING ON ALL APPLICANTS SELECTED FOR EMPLOYMENT. INDIVIDUALS WHO DO NOT SUCCESSFULLY PASS THESE SCREENINGS ARE NOT PERMITTED TO COMMENCE OR CONTINUE EMPLOYMENT.

THIS COMPANY ALSO PARTICIPATES IN THE DEPARTMENT OF HOMELAND SECURITY'S E-VERIFY PROGRAM TO CONFIRM THAT ALL NEW EMPLOYEES ARE AUTHORIZED TO WORK IN THE UNITED STATES. IF WORK AUTHORIZATION CANNOT BE CONFIRMED, EMPLOYMENT IS TERMINATED.

I have read and fully understand the above statements.

Signature: _____ Date: _____

SUNVIEW RESPIRATORY AND REHAB

CONFIDENTIAL REFERENCE CHECK

Applicant Section

I hereby release from all liability the company or person named below, and authorize them to release all information regarding my employment with them.

Applicant Printed Name _____ Date: _____

Applicant Signature: _____

Employer Section

_____ (Applicant name) has applied for employment with the above-referenced employer. He/She has authorized the collection of any information concerning past employment with your organization. Our company deals in long-term health care and it is of the utmost importance to us that we hire the right person for the job. Therefore, we would appreciate your help with the following questions.

Previous Employers Name: _____

Contact Person: _____ Phone: _____

Professional relationship to applicant: _____

Employed from: _____ to _____ Wage: _____

Job Title: _____

Using the grading system of "A" through "F", please rate the applicant's performance and comment on the following:

Overall Competency	Grade: _____	Comments: _____
Communication Skills	Grade: _____	Comments: _____
Disposition	Grade: _____	Comments: _____
Ability to Follow Instructions	Grade: _____	Comments: _____
Desire to Succeed	Grade: _____	Comments: _____
Motivation	Grade: _____	Comments: _____
Attendance and Punctuality	Grade: _____	Comments: _____

Would you rehire? _____ If no, why? _____

Any other comments:

Interviewer's Signature _____ Title _____ Date _____

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Any other comments:

Interviewer's Signature _____ Title _____ Date _____

SUNVIEW RESPIRATORY AND REHAB

Pre-Offer Self ID of Veteran Status

Applicant Information

Full Name: _____
Last *First* *M.I.*

Position Applied for: _____

Veteran Information

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Check One:

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN**
- I AM NOT A PROTECTED VETERAN BUT I AM A VETERAN**
- Decline to participate**

Please forward this completed form DIRECTLY TO THE PAYROLL/HUMAN RESOURCE REPRESENTATIVE

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.