

Sunview Respiratory & Rehab
(referred to throughout as "Company")
APPLICATION FOR EMPLOYMENT – ARIZONA

Please complete the following application in its entirety. Print in ink or type. Complete this application even if you are attaching a resume. All employment decisions are made pursuant to a policy of providing equal employment opportunities consistent with federal, state or local laws. If you have a disability, which requires an accommodation in the application or interview process, please notify us in advance.

EMPLOYMENT DESIRED

Position desired: _____

☐ Full Time ☐ Part Time ☐ Temporary ☐ On-Call/Per-Diem

Shift Desired: ☐ 1st Shift ☐ 2nd Shift ☐ 3rd Shift

Acceptable Salary Level: _____ If hired, on what date can you start work: _____

PERSONAL INFORMATION

Name: _____

(Last)

(First)

(Middle)

Personal Email Address: _____

Present Address: (Number and Street) _____

(City, State, Zip Code) _____

Telephone: () _____ Message Phone: () _____

ALWAYS PRINT ORIGINAL



Are you able to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No

If no, please describe the functions that cannot be performed: _____

Do you currently hold a valid professional license or certification? ☐ Yes ☐ No

If yes, note type(s): C.N.A. _____ O.T. _____

R.N. _____ P.T. _____

L.V.N./L.P.N. _____ Therapy Assistant _____

☐ Yes ☐ No

If no, please describe the functions that cannot be performed: _____

Do you currently hold a valid professional license or certification?

☐ Yes ☐ No

If yes, note type(s): C.N.A. _____ O.T. _____
R.N. _____ P.T. _____
L.V.N./L.P.N. _____ Therapy Assistant _____

Do you have an AZ Department of Public Safety Fingerprint Clearance Card?

☐ Yes ☐ No

PREVIOUS TEN YEARS OF WORK EXPERIENCE

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: _____		

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:

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: _____		

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:

Employer:	Job Title:	Work Performed
_____	_____	

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: _____	_____

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: _____	

PERSONAL REFERENCES (YOU MUST LIST 3)

If you do not have any prior employment experience, please provide the names and telephone numbers of three personal references that are not related to you.

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

PLEASE LIST EDUCATION RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

Educational Institution	
Name: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
City & State: _____	Major: _____
Educational Institution	
Name: _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No
City & State: _____	Major: _____

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 will be considered prior to making an employment decision.

Have you ever been excluded from participation in the federal or any state health care programs? (e.g., received notification that you were placed on the U.S. Dept. of Health and Human Services, Office of Inspector General's List of Excluded Individuals and Entities)

☐ Yes ☐ No

Please Read Carefully, Initial Each Paragraph and Sign Below

(Initial)

I 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 Eligibility 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 U.S. Social Security Number for the purpose of reporting the wages I earn to the state and federal governments.

(Initial)

I 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 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. 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 is contingent upon suitability for employment processing which may include but are not limited to the following: a pre-employment and post-offer physical examination, meeting vaccine requirements, criminal background check, reference checks, fingerprinting and other such pre-employment and post-offer exams as may be necessary or requested. Vaccine requirements include being full vaccinated against COVID-19 or requesting a religious or medical exemption to this requirement which the Company may or may not grant based on applicable federal and state law.

NOTICE RE CRIMINAL BACKGROUND CHECKS AND E-VERIFY

CRIMINAL BACKGROUND SCREENINGS ARE PERFORMED ON ALL APPLICANTS SELECTED FOR EMPLOYMENT. INDIVIDUALS WITH CRIMINAL RECORDS OR OTHER INFRACTIONS THAT ARE RELEVANT AND ADVERSE TO EMPLOYMENT THAT SERVES VULNERABLE INDIVIDUALS MAY NOT 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: