

**ARIZONA'S CHILDREN ASSOCIATION (AzCA)
APPLICATION FOR EMPLOYMENT**

<u>TUCSON</u> (Headquarters) 2700 South 8 th Ave Tucson, AZ 85713 (520) 622-7611	<u>APACHE JUNCTION</u> (Regional Off.) 2066 W. Apache Trail Rd, Ste 112 Apache Junction, AZ 85220 (480) 503-8530	<u>PRESCOTT</u> (Regional Off.) 440 N. Washington Ave. Prescott, AZ 86301 (928) 443-1991	<u>PHOENIX</u> (Regional Off.) 2833 N. 3 rd Street Phoenix, AZ 85004 (602) 234-3733	<u>YUMA</u> (Regional Off.) 3780 S. 4 th Ave, Ste. K Yuma, AZ 85365 (928) 344-8800
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AzCA IS AN EQUAL OPPORTUNITY EMPLOYER (www.arizonaschildren.org)
THIS IS A NON-SMOKING, DRUG FREE AGENCY

PLEASE PRINT LEGIBLY AND IN INK - COMPLETE ALL FOUR (4) PAGES

DATE: _____ POSITION APPLYING FOR: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: () _____

Are you an U.S. Citizen or legally authorized to work in this country? Yes _____ No _____

Arizona licensing regulations require all employees to be 21 years of age except for the Golden Gate Community Center Programs (CAZ).

Are you at least 18 years of age? (**GOLDEN GATE ONLY**) Yes _____ No _____

Are you at least 21 years of age? (**IF NOT, DO NOT CONTINUE**) Yes _____ No _____

Have you ever been employed with the Arizona's Children Association? Yes _____ No _____

Are you interested in working: Regular Full Time Yes _____ No _____

Regular Part Time Yes _____ No _____

On-Call (Exempt) Yes _____ No _____

Relief (Non-Exempt) Yes _____ No _____

If On-Call or Relief, what are your preferences on work days and hours, please specify:

Clinicians: Have you ever had an adverse action taken against you by a governing board that provides state or national certification?
Yes _____ No _____ If yes, please explain: _____

EDUCATION

1. Name of School: _____

Graduate: Yes: _____ No: _____ Degree/Cert.: _____

Major Subject: _____

2. Name of School: _____

Graduate: Yes: _____ No: _____ Degree/Cert.: _____

Major Subject: _____

3. Name of School: _____

Graduate: Yes: _____ No: _____ Degree/Cert.: _____

Major Subject: _____

EMPLOYMENT HISTORY

All applicants considered for vacancies within AzCA must complete an official application form prior to selection and include, at a minimum, a five year work history or total work history if employment history was less than five years. List all current and prior employment, starting with most recent employer. Enclose additional pages if necessary. DO NOT reference or say "See Resume". **Employers will be contacted for references.** (You may attach a resume as a supplement.)

Employer: _____ Telephone: () _____

Full Address: _____

Dates of employment: From _____ To _____ Salary: \$ _____

Your title: _____ Immediate Supervisor: _____

Nature of duties: _____ Reason for leaving: _____



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[] Check here if additional pages are attached.

PROFESSIONAL REFERENCES (please list 3 personal and 3 professional references)

Name: _____ Telephone: () _____ Name: _____ Telephone: () _____
Full Address: _____ Full Address: _____
Relationship: _____ Relationship: _____

Name: _____ Telephone: () _____ Name: _____ Telephone: () _____
Full Address: _____ Full Address: _____
Relationship: _____ Relationship: _____

Name: _____ Telephone: () _____ Name: _____ Telephone: () _____
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Relationship: _____ Relationship: _____

GENERAL INFORMATION

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with AzCA including second languages (Specify): _____

Most of the positions at AzCA require staff to receive/maintain a drivers' clearance from our insurance company to meet the on-going minimum requirements of the position. Many positions require employees to drive on agency business.

Do you have a valid Arizona driver's license? Yes _____ No _____

At least Arizona minimum car insurance? Yes _____ No _____

Have you been found or plead guilty to any speeding, accident, reckless driving or other motor vehicle violations in the last 39 months? (Applicants with 2 or more driving violations cannot be considered for employment if the position requires driving clearance. Periodic driving record checks will be conducted throughout employment.)
Yes _____ No _____

Have you had a misdemeanor or felony DUI within the past 5 years? (Applicants with a DUI conviction will not be allowed to drive an agency vehicle to transport others.)
Yes _____ No _____

Do you have a current certification in: First Aid Yes _____ No _____
CPR Yes _____ No _____

Since we are a behavioral health/child welfare agency providing services for children some of who may have experienced prior physical, sexual, and/or mental abuse:

- a) Have you ever been disciplined, terminated or resigned due to your alleged inappropriate behavior towards a child?
Yes _____ No _____
- b) Have you ever been disciplined, terminated or resigned due to your alleged sexual or other harassment on the job?
Yes _____ No _____
- c) Have you ever been convicted of or plead guilty or nolo contendere to a felony or any offense(s) listed on the Dept. of Public Safety Fingerprint Clearance Class I Card Eligibility list you have received?
Yes _____ No _____

Answering "Yes" will not necessarily disqualify an applicant from employment (depending upon the position). If you answered "Yes" to item (a), (b) or (c), please explain by giving details of situation including date, place and circumstances: _____

If you are selected for employment at Arizona's Children Association, you will be required to furnish proof of your identification and authorization to work in the United States of America.

If you are selected for employment at Arizona's Children Association, you will be required to pass a job related physical, provide evidence of a negative TB test and provide evidence of fingerprinting by the Department of Public Safety (DPS) with continuing employment contingent upon clearance.

APPLICATION CERTIFICATION

Arizona's Children Association (AzCA) does not discriminate on the basis of race, color, religion, sex, national origin, age (over 40), non job related handicap or disability or any other basis prohibited by law.

I understand that if I am hired, I will be employed at the will of AzCA and may be discharged by AzCA at any time without cause, prior notice or warning. I understand that no administrator, manager or other representative of AzCA may enter into any other type of employment agreement with me, either expressed or implied, and none will be recognized at any time regardless of my length of employment. I understand that the only exception to the above policy of at-will employment is a written employment contract signed by the Chief Executive Officer of AzCA and designated as an Employment Agreement. I understand that this policy of at-will employment will not and cannot be modified by anyone at any time.

I voluntarily and knowingly authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, state agency, federal agency, private business, personal reference, and/or other persons, to give records or information they may have concerning motor vehicle history, wages earned, character, and employment records or any other information requested by AzCA or any agent named by AzCA. I, voluntarily and knowingly, unconditionally release and forever discharge AzCA and any named or unnamed informant from any and all liability related to obtaining, furnishing or using this information. This authorization will be valid from the date signed and continue for as long as I am employed by AzCA and a photographic or faxed copy of the authorization shall be valid as the original.

I certify that my statements on this application and any supporting documents and my response to all of the foregoing questions are true and correct, and there is no information that I have omitted, misrepresented or failed to include. If any of my statements or responses on this application are found to be untrue, misrepresented or omitted, I understand that such a finding may result in the rejection of my application, and, if employed, my immediate discharge or discharge at any time during my employment.

Signature: _____

Date: _____

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, gender, national origin, age, or any other legally protected status.

As an employer, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Name

Date

Check one of the following: (Ethnic Origin)

____ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

____ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

____ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

____ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment.

____ **Two or More Races** – All persons who identify with more than one of the above race/ethnicities.

Check if any of the following are applicable:

_____ Vietnam Era Veteran

_____ Veteran

EMPLOYMENT HISTORY CONTINUATION SHEET

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