

Anointed Hands Social Services LLC.
 5030 W. McDowell Rd. Suite 15 Phoenix AZ, 85053
 Phone: (602)243-1000 Fax: (602)276-5586
 E-Mail: anointedhandsllc2011@yahoo.com



Hands That Works With Sincere Heart

PLEASE PRINT CLEARLY IN BLACK/BLUE INK INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

Today's Date:	Social Security Number:	D.O.B
Name:		
Address:		
Phone Number:	E-Mail:	Do you have transportation: Yes / No
Are you 18 or over Yes ___ No ___		Are you a United State Citizen or Legal Resident: Yes ___ No ___

Emergency Contact Information:

Name:
Address:
Phone:

EDUCATION

SCHOOL INFORMATION:	LOCATION	ATTENDED		GRADUATED		DEGREE
		From	To	Yes	No	
High School or GED						
College or University						
Graduate Professional						
Other						

CERTIFICATIONS

	Expiration Date	All new hires must provide copies of the required certifications.
CPR		
FIRST AID		
ARTICLE 9		Office Use Only/below this line
PREVENTION & SUPPORT		
FINGERPRINT CARD		
MEDICATION BASICS		
OTHER:		

- Do you have experience working with individuals with developmental disabilities? Yes, No
- Have you ever worked with another agency providing ATC, DTA, HAH, Respite Services? Yes, No
- Have you ever worked ONE on ONE with a consumer in In-Home or Center Based? Yes, No
- What position are you applying for:
 Caregiver Administration In-Home Care RSP HAH ATC
- You're available to work:
 Full Time Part Time Volunteer Other
- Have you ever been screened for Hepatitis B? Yes, No
- Have you ever been screened for Tuberculosis: Yes, No
- Do you have your own transportation/vehicle? Yes, No
- Please, list other skills related or unrelated to the position you are applying:

EMPLOYEMENT INFORMATION AND VERIFICATION FORM

Employer: Name & Address	Type of Organization:	Name of Supervisor:	Job Title:	
	Phone number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Dates Employed From:	To:
Reason for Leaving:	Describe Job Duties:	Salary		
		Begin	Ending	

Applicant's consent to release information

I hereby give permission for the above mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____



Applicant's Print Name: _____

EMPLOYMENT VERIFICATION
AHSS ADMIN- Verify the information below this line
↓ FOR OFFICIAL USE ONLY! ↓

Please complete the questions listed below keeping in mind that Home and Community Based Services (HCBS) may be performed unsupervised in the home of the person with developmental disabilities or in the residence/facility of the applicant. Your time and effort in completing this form is appreciated and strict confidence in regard to your responses will be observed within the provision of the law

Date of Hire: _____ Termination Date: _____ Position Held: _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
 If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

For Official Use Only

Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____

EMPLOYEMENT INFORMATION AND VERIFICATION FORM

Employer: Name & Address	Type of Organization:	Name of Supervisor:	Job Title:	
	Phone number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	From:	To:
Reason for Leaving:	Describe Job Duties:	Salary		
		Begin	Ending	

Applicant's consent to release information

I hereby give permission for the above mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____



Applicant's Print Name: _____

**EMPLOYMENT VERIFICATION
AHSS ADMIN- Verify the information below this line
↓ FOR OFFICIAL USE ONLY! ↓**

Please complete the questions listed below keeping in mind that Home and Community Based Services (HCBS) may be performed unsupervised in the home of the person with developmental disabilities or in the residence/facility of the applicant. Your time and effort in completing this form is appreciated and strict confidence in regard to your responses will be observed within the provision of the law

Date of Hire: _____ Termination Date: _____ Position Held: _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

For Official Use Only

Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____

Personal Reference (The person listed here will be contacted)

Name:
(No Family Members)

Address:

Phone:

Applicant's Consent for release of information

I hereby give permission for the above-mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____



Applicant's Print Name: _____

Annointed Hands Social Services LLC Administrative to call and verify employers Personal Reference, and complete bottom portion of application.

State the Length of time you have known the applicant: Years: _____ Months _____

Type of acquaintance Supervisor ___ Co-worker ___ Friend ___ Neighbor ___ Other _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

For Official Use Only

Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____

Additional Comments:

Personal Reference (The person listed here will be contacted)

Name:
(No Family Members)

Address:

Phone:

Applicant's Consent for release of information

I hereby give permission for the above mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____



Applicant's Print Name: _____

Annointed Hands Social Services LLC Administrative to call and verify employers Personal Reference, and complete bottom portion of application.

State the Length of time you have known the applicant: Years: _____ Months _____

Type of acquaintance Supervisor ___ Co-worker ___ Friend ___ Neighbor ___ Other _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

For Official Use Only

Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____

Additional Comments:

Personal Reference (The person listed here will be contacted)

Name:
(No Family Members)

Address:

Phone:

Applicant's Consent for release of information

I hereby give permission for the above mentioned Former Employer to verify and respond to the questions in this document

Applicant's Signature _____ Date _____



Applicant's Print Name: _____

Annointed Hands Social Services LLC Administrative to call and verify employers Personal Reference, and complete bottom portion of application.

State the Length of time you have known the applicant: Years: _____ Months _____

Type of acquaintance Supervisor ___ Co-worker ___ Friend ___ Neighbor ___ Other _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristic and/or special training/education that he applicant may have for working with these individuals:

Indicate if you have Any reason to believe the applicant would not be well suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you rehire this person: Yes _____ No _____ N/A _____
If "NO" why not?

Additional comments which will help in evaluating this applicant.

Person's signature providing reference: _____ Date: _____

For Official Use Only

Interviewed by phone Yes _____ No _____ Date: _____

Interviewers Name (Print) _____ Interviewers Signature _____

Additional Comments:

CERTIFICATION

Please read the following statements CAREFULLY before signing this application for employment. Only applications that are signed and dated are considered valid.

I understand that I will be required to take a drug test before being officially hired, and I will be subject to random drug testing (at managements discretion) throughout my employment with Anointed Hands Services LLC.

Permission is hereby granted to Anointed Hands Social Services LLC to conduct any necessary and reasonable investigation with respect to statements and other information in this application for employment. I release Anointed Hands Social Services LLC, my former employers and personal references from any liability for damage caused by giving and receiving information or opinions as to my employment and character

I agree to furnish other information required of the related to my employment and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient ground for my separation.

I have read and fully understand the questions asked in this application for employment

Signature

Date

FOR OFFICIAL USE ONLY

Hire Date _____

Application received by: _____ Date: _____

Interview by: _____ Date: _____

Hired Date: _____ Position: _____

Rate of Pay: _____

Additional comments: _____

Insurance Eligibility Date _____