



1636 N. Swan Rd. Suite 250
 Tucson, AZ 85712
 Phone (520) 333-0333 Fax (520) 325-9938

REQUIRED DOCUMENTATION CHECKLIST (ALL COPIES MUST BE CLEAR)

The Documentation Below Must Be in Your File Prior to Any Assignment.

Application Materials (forms provided in this packet)

- Job Application must be completed in full. Please print or type neatly. You may include your resume, but it will not replace a complete job application.
- Three references and/or written references on letterhead by a person in a supervisory capacity.
- Authorization to Release Information for comprehensive background check (separate form).

Medical Documentation

- A TB screen current within twelve (12) months or chest X-ray with a physician's statement of free from TB.

Licenses, Professional Certifications, and Resuscitation Credentials (For clinical positions)

- Clear copies of all current professional licenses and certifications.
- Clear copy of a current CPR card and First Aid (if applicable), you may also bring copies of additional resuscitation credentials if you have (ACLS, PALS). On-line CPR is not permitted.
- Current Fingerprint Clearance card (AZ Department of Public Safety).

On your first day bring/complete at Orientation:

- Proof of eligibility to work in the US.
- Hepatitis B documentation (vaccination series of three, titer, booster, or signed declination).
- Driver License.
- Auto Insurance card.

ARISTA HEALTHCARE EMPLOYMENT APPLICATION Today's Date:

Personal Background/Information *Please Print Clearly*

Name (Last, First, MI):

Is any additional information relative to change of name necessary to enable Arista HealthCare to check references of prior employment?
 Yes No If So, please describe:

Street Address:

City, State, Zip:

Home phone number:	Cell phone number:	Work/Other phone number:
--------------------	--------------------	--------------------------

Email address:

Certification/Employment *Please Print Clearly*

Certification (if applicable) Please Select One: RN LPN PT OT SLP/ST CNA Other

If other, please describe:

Certification/License #:	State(s) Issued:	Exp. Date:
--------------------------	------------------	------------

Position Applying For (Job title): _____

Company/Division: Home Health Companion Care Hospice

How did you hear about this position: _____

If referred by an Employee of Arista HealthCare. Please list employee name here:

Date available to start:	Are you looking for: <input type="checkbox"/> Full time <input type="checkbox"/> On-Call <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem	Desired days/hours
--------------------------	---	--------------------

Education *Please Print Clearly*

	Name of school	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please Additional Space on page 5):

Employment History

Please Print Clearly

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact all current and prior employers? Yes No

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
	Address			
	City, State, Zip	Starting Salary	Ending Salary	
	Phone number			
	Supervisor(s)	Job position(s)		
	Email address of supervisor			
	Reason(s) for leaving			
	What value did you add to this company or its clients?			

2.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
	Address			
	City, State, Zip	Starting Salary	Ending Salary	
	Phone number			
	Supervisor(s)	Job position(s)		
	Email address of supervisor			
	Reason(s) for leaving			
	What value did you add to this company or its clients?			

3.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position: 1. _____ 2. _____ 3. _____ 4. _____
	Address			
	City, State, Zip	Starting Salary	Ending Salary	
	Phone number			
	Supervisor(s)	Job position(s)		
	Email address of supervisor			
	Reason(s) for leaving			
	What value did you add to this company or its clients?			

Employment History Cont.				<i>Please Print Clearly</i>	
4.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position:	
	Address			1. _____	
	City, State, Zip	Starting Salary	Ending Salary	2. _____	
	Phone number			3. _____	
	Fax number	Supervisor(s)			
	Job position(s)	Email address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its clients?				

5.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position:	
	Address			1. _____	
	City, State, Zip	Starting Salary	Ending Salary	2. _____	
	Phone number			3. _____	
	Fax number	Supervisor(s)			
	Job position(s)	Email address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its clients?				

Additional Information				<i>Please Print Clearly</i>				
List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.	<table border="1" style="width:100%; height: 40px; border-collapse: collapse;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>							
List any languages other than English that you can speak, read, or write:								
	Fluent	Good	Fair					
Speak								
Read								
Write								
Identify any formal job training related to this position	<table border="1" style="width:100%; height: 60px; border-collapse: collapse;"> <tr><td style="width: 100%;"></td></tr> </table>							

Additional Information Cont.

Please Print Clearly

Have you ever been employed by, or applied with Arista HealthCare before? Yes No
If yes, when? _____

Do you have any friends or relatives employed by Arista HealthCare? Yes No
If yes, please provide their names and relationship to you?

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all the essential functions of the job for which you are applying for without reasonable accommodation? Yes No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence (DUI)? Yes No

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, how many miles are you willing to travel to work one-way? _____

If hired, would you be able to travel or work overtime (as needed)? Yes No

Have you ever been arrested or convicted of a felony or misdemeanor? Yes No
If yes, please explain:

Professional Reference

Please Print Clearly

List below two professional references, one of the professional references must be in a Supervisory capacity, not related to you, and who has knowledge of your performance within the last ten years. The names provided in this space, will be contacted to provide a professional and/or personal reference (where applicable) on the applicant's behalf.

Name		Occupation
Company Name		Address
Telephone	Email	Relationship & years acquainted

Professional Reference

Name		Occupation
Company Name		Address
Telephone	Email	Relationship & years acquainted

Personal Reference

Name		Occupation
Company Name		Address
Telephone	Email	Relationship & years acquainted

Additional Space

Please Print Clearly

Additional space provided to expand on any points or questions asked previously in this application.

Please read each statement carefully. Your initials indicate that you understand and agree to each paragraph.

Equal Employment Opportunity Statement

_____ Arista HealthCare is committed to providing a work environment that is free from unlawful discrimination. Arista HealthCare provides equal employment opportunity for all employees and applicants for employment without unlawful discrimination on the basis of race, creed, color, religion, sex, age, handicap, disability, citizenship, national or ethnic origin, ancestry, current or future service in a uniformed service, or other basis prohibited by law. Equal employment opportunity includes, but is not limited to, hiring, promotion, transfer, demotion, termination and training.

At-Will Employment

_____ I understand and agree that if I am employed, my employment will be “at-will”, which means that Arista HealthCare Management may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, Arista HealthCare will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on Arista HealthCare unless made in writing and signed by authorized representative.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ I understand and agree that if offered a position with Arista HealthCare I may be given a drug/alcohol test as a condition of employment. Arista HealthCare policy clearly states that the abuse of alcohol and illegal drugs will not be tolerated. This policy was designed with two basic ideas in mind: 1) Employees deserve a work environment that is free from the effects of alcohol and drugs and the problems associated with their use; and 2) Arista HealthCare has a responsibility to our clients and our community to maintain a health and safe workplace. It is important for everyone to note that under Arizona law if a worker tests positive for alcohol or illegal drugs on a test that is conducted after a work-related accident (or refuses to take such a test after such an accident), the injury may not be compensable under the workers’ compensation system. In addition, as stated in the Substance Abuse Policy, a positive test result (or a refusal to undergo testing) also may result in disciplinary action by Arista HealthCare, up to and including termination of employment. **I understand that if hired**, I will be required to sign an acknowledgment, indicating that I have read, understood and will comply with the Substance Abuse Policy. I hereby consent and agree: 1) to undergo drug and alcohol testing in accord with Arista HealthCare Substance Abuse Policy; 2) that the company that collects my specimen and the testing laboratory that tests my specimen may communicate my test results and other information acquired in the testing process to Arista HealthCare and its agents, representatives, and employees; and 3) that Arista HealthCare may disclose my test results and other information acquired in the testing process to its agents, representatives, and employees, and as permitted, required, or authorized under applicable principles of law. I understand and agree that if my test result is confirmed positive and I am unable to timely and satisfactorily explain that result, my job offer will be withdrawn or, if I have already been hired, I will be subject to discipline, up to and including immediate discharge, and the possible loss of unemployment compensation and workers’ compensation benefits.

Testing Authorization

_____ If offered a position with Arista HealthCare, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by Arista HealthCare as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application and in any resumes and exhibits I have provided. Said investigation may include credit, driving, criminal background, references and other background checks. I hereby authorize Arista HealthCare to conduct any investigation concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information. I understand that this application is not a job offer. Employment is subject to completion of pre-employment procedures, including but not limited to verifying employment and personal references, as appropriate criminal background check and driving record, and verification of licensure, certification or registration.

E-Verify

_____ I understand that this agency uses E-Verify to verify my identity and employment eligibility to work in the United States. I understand that if the Government cannot confirm that I am able to work that the agency will provide me with written instructions and an opportunity to contact SSA and/or DHS before taking adverse reaction against me including terminating my employment. I understand that I must complete a Federal I-9 form and provide verifiable documentation of my legal right to reside and work in the United States.

Company Obligation

_____ I understand and agree that Arista HealthCare’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that Arista HealthCare has agreed to hire me. I understand that Arista HealthCare is under no obligation to hire me as the result of accepting this completed application. I understand that I may be working in one or all subsidiaries of Arista HealthCare and that my shift or schedule may vary. If employed, I will comply with all policies, procedures and work rules.

Complete and Accurate Information

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

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Printed Name

Signature

Date