

**Employment Application**  
Paradise Cove Inc. (E.O.E.)  
Paradise Cove/Paradise Oasis Adult Care Homes  
8691 S. Mohave Ln.  
Yuma, AZ. 85364

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Have you ever applied or worked for Paradise Cove Inc. before  Yes  No  
If yes when \_\_\_\_\_

Full Time  Part Time  Temporary  Permanent Shift Preferred (check all that apply)  
 7am-3:00pm  3pm-11PM  11pm - 7am  Any Shift  Available for on call

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message \_\_\_\_\_ Cell \_\_\_\_\_

D.O.B. : \_\_\_\_\_ Social Security No.: \_\_\_\_\_

In Case Of Emergency Notify: (Name) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please be aware by AZ state law a background check must be completed upon hire.**  
Have You Ever Been Convicted Of any non-traffic violation?  YES  NO (Yes does not  
mean you will not be considered for employment) Please Explain if yes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Number of years of Education (To include college): \_\_\_\_\_

High School (Name and Location) \_\_\_\_\_

College (Name and Location) \_\_\_\_\_

Vocational / Business School (Name and Location) \_\_\_\_\_

**DO YOU HAVE** (please check all that apply)

Current Care Giver Certification  YES  NO If yes in what state \_\_\_\_\_

Current CPR & First Aid Certification  YES  NO If yes Exp. Date \_\_\_\_\_ CPR \_\_\_\_\_ FA \_\_\_\_\_

Current TB Clearance  YES  NO If yes date of clearance \_\_\_\_\_

Current Arizona Finger Print Clearance  YES  NO If yes date of clearance \_\_\_\_\_

Current Drivers License  YES  NO If yes issuing state \_\_\_\_\_

Dependable Transportation  YES  NO

**EMPLOYMENT (Please List Most Recent First)**

◆ Employer (name) \_\_\_\_\_ (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ (Starting Wage) \_\_\_\_\_ (Ending Wage) \_\_\_\_\_

Type of Work  
Performed \_\_\_\_\_

Immediate Supervisor (name) \_\_\_\_\_ May We Contact  Yes  No

Reason For Leaving \_\_\_\_\_

◆ Employer (name) \_\_\_\_\_ (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ (Starting Wage) \_\_\_\_\_ (Ending Wage) \_\_\_\_\_

Type of Work  
Performed \_\_\_\_\_

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◆ Employer (name) \_\_\_\_\_ (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Phone) \_\_\_\_\_

Dates of Employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_ (Starting Wage) \_\_\_\_\_ (Ending Wage) \_\_\_\_\_

Type of Work  
Performed \_\_\_\_\_

Immediate Supervisor (name) \_\_\_\_\_ May We Contact  Yes  No

Reason For Leaving \_\_\_\_\_

PERSONAL REFERENCES (Not a relative and have known for at least one year)

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

How Were You Referred To This Facility ( ) Newspaper ad Other: \_\_\_\_\_

**I HEARBY CONSENT TO A COMPLETE CRIMINAL BACK GROUND INVESTIGATION BY AN AGENT OF THE FACILITY AND DO HEREBY GIVE AUTHORIZATION FOR ANY LAW ENFORCEMENT AGENCY TO COOPERATE AND RELEASE ANY FINDINGS RELATING TO ANY SUCH RECORD**

Signed \_\_\_\_\_ Date \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment BEYOND this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and that the employer may discharge employee at any time with or without cause. It is as further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or in my interviews will result in my discharge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Pre Interview Investigation Done ( ) yes ( ) no License Check ( ) Yes ( ) No Reference Check ( ) Yes ( ) No  
Investigating Official \_\_\_\_\_

NOTE: \_\_\_\_\_

Call For Interview \_\_\_\_\_ Interview Time and Date \_\_\_\_\_

Hired ( ) Not Hired ( ) Note \_\_\_\_\_

Date Hired \_\_\_\_\_ Starting Date \_\_\_\_\_ Shift \_\_\_\_\_ Rate of Pay \_\_\_\_\_

NOTE: