

Home of Love, LLC

*** A Place Where Everyone Thrives ***

Application of Employment

Home of Love, LLC is an equal opportunity employer. We do not and will not discriminate base on race, religion, national origin, sex, age, disability, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purposes.

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date Available to Start:	
Home Address:		
City:	State:	Zip Code:
Primary Phone Number:	Secondary Phone Number:	

Education History

High School Name:	State & City:	
Date Attended:	Course of Study:	Graduated: Circle One: Yes or No
Technical/Other School Name:	State & City:	
Date Attended	Course of Study:	Graduated: Circle One: Yes or No
College Name:	State & City:	
Date Attended:	Course of Study:	Graduated: Circle One: Yes or No

Employment History

List all previous employers, starting from present or most current. Also, include self-employment, summer, and part-time jobs. If more space is required, please continue in a separate sheet. You can attach you resume, but this application must be completed as well.

Company Name:	Type of Business:	Date Worked:
Position Held:	Job Description & Duties:	
Company Address:		
City	State:	Zip Code:
Company Phone Number:		Former Supervisor' Name:
Hourly Pay:		Reason for leaving:
Company Name:	Type of Business:	Date Worked:
Position Held:	Job Description & Duties:	
Company Address:		
City	State:	Zip Code:
Company Phone Number:		Former Supervisor' Name:
Hourly Pay:		Reason for leaving:
Company Name:	Type of Business:	Date Worked:
Position Held:	Job Description & Duties:	
Company Address:		
City	State:	Zip Code:
Company Phone Number:		Former Supervisor' Name:
Hourly Pay:		Reason for leaving:

Professional Certifications and Special Skills

(Please exclude those professional certifications and special training skills of race, color, religions, sex, national origin, age or disability)

Professional Affiliation: _____
List of Current Licenses & Certifications Held: _____ _____
Present/Past Civic or Cultural Activities(include position held): _____ _____

Spoken Languages

English: Circle One: Yes or No	Spanish: Circle One: Yes or No	Sign Language: Circle One: Yes or No
Any other Language Spoken		
Any other additional skills		

Available Hours Available to Work

All Home of Love, LLC employees have to indicate the exact hours he/she is available to work each day below. (Example: Monday – Monday, 5am – 10am, Evenings- Wednesday 6pm – 7am, etc.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							

Personal References

Kindly furnish three professional references, excluding any family members. All provided references will undergo verification and confirmation. It is imperative to fill out all the fields accurately, striving to offer the most current details. Failure to provide complete information may lead to a delay in the commencement of your employment.

1	Name:		
	Address:		Years Known:
	Telephone:	Email:	Relationship:
2	Name:		
	Address:		Years Known:
	Telephone:	Email:	Relationship:
3	Name:		
	Address:		Years Known:
	Telephone:	Email:	Relationship:

Release of Information

I, the undersigned _____, grant Home of Love, LLC permission to conduct thorough inquiries into my past employment, educational background, criminal history, tribal affiliations, state and national sex offender databases, professional license records, and any other aspects related to my personal and professional character. I acknowledge that Home of Love, LLC reserves the right to contact additional references pertaining to my suitability for the position.

I hereby release from any liability all individuals, companies, and corporations that provide such information. I understand that any falsification, misrepresentation, or significant omission may result in denial of employment or subsequent termination. I acknowledge that a telephonic facsimile (fax) or photographic copy holds the same validity as the original document. This release applies to most federal, state, and county agencies. In case an agency or source requires an alternative release form or additional identifying information to disclose requested details, I commit to providing the necessary data and signing any additional authorization forms as requested by Home of Love, LLC.

In alignment with AMPM §1240(c)(8)(a)(iv) and ACOM Policy No. 429, I grant Home of Love, LLC permission to access my Direct Care Worker testing records from the Arizona Health Care Cost Containment Database (<https://dcwrecords.azahcccs.gov/>). I am aware that this information will be stored in my Provider file and is subject to regular review, audit, and/or investigation by state, federal,

and independent agencies with whom Home of Love, LLC may hold a contractual, regulatory, or oversight relationship.

The ensuing details are mandatory for identification purposes when cross-referencing public records with law enforcement agencies and other relevant entities. I acknowledge that this information is confidential and will solely be used for identification purposes. I hereby release the employer, its representatives, officials, and assigned agencies, including individual officers, employees, and related personnel, from any and all liability for potential damages that could arise for me, my heirs, family, or associates as a result of the solicitation or release of the above-mentioned information or report.

I affirm the accuracy and truthfulness of the information provided in this form. I acknowledge that providing false information, misrepresentation, or deliberate omission could result in my disqualification from employment consideration. In the event that I am hired or currently employed by the company, such actions may lead to disciplinary measures, including termination. I also recognize that my association with Home of Love, LLC is subject to the validation and confirmation of my documents, references, work history, and other relevant information pertaining to my employment. I acknowledge that both my engagement with Home of Love, LLC and the agency's decision regarding my employment are based on mutual agreement. This release will remain valid for a duration of twelve (12) months from the date below or for the duration of my employment with Home of Love, LLC.

_____		_____	
Last, First, Middle Name		Other Name Used	

Home Address	City	State	Zip Code
_____		_____	
Phone Number		Email Address	
Signature: _____		Date: _____	