



# FAMILY PARTNERS, LLC - EMPLOYMENT APPLICATION

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 www.FamilyPartners.net [] [Info@FamilyPartners.net](mailto:Info@FamilyPartners.net), email

<b>PERSONAL INFORMATION</b>	
<b>Date:</b>	___/___/___
<b>Position Applying for:</b>	
<b>Name (Last, First, MI):</b>	
<b>Address:</b>	
<b>City, State &amp; Zip Code:</b>	
<b>Phone:</b>	[_____] _____ - _____
<b>Email:</b>	
<b>Are you 18 years of age or older?</b>	YES ___ NO ___
<b>Are you 21 years of age or older?</b>	YES ___ NO ___
<b>Do you have work experience with the developmentally disabled?</b>	YES ___ NO ___ # of YEARS _____
<b>Valid AZ Driver's License?</b>	YES ___ NO ___
<b>Any moving violations in the past 39 months?</b>	YES ___ NO ___
<b>Do you have reliable personal transportation?</b>	YES ___ NO ___
<b>If YES to Personal Transportation, do you have current vehicle registration &amp; insurance?</b>	YES ___ NO ___

## EDUCATION

[List your education from highest to lowest]

<u>Type</u> (ex. Post-graduate, college, high school, etc.)	<u>Name/Location</u>	<u>Course of Study</u>	<u>Graduated?</u>	<u>Degree/Diploma</u>
			YES ____ YEAR ____ NO ____	
			YES ____ YEAR ____ NO ____	
			YES ____ YEAR ____ NO ____	

## U. S. MILITARY SERVICE

<b>Branch of Service:</b>	
<b>Start and End Dates:</b>	Month _____ Year _____ thru Month _____ Year _____
<b>Rank &amp; Type of Service:</b>	
<b>Experience/Training Received:</b>	

<p>List any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, special skills or training, etc.</p>	
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**APPLICANT’S STATEMENT AND CERTIFICATION**

- I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal laws. This “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorized and identity: failure to submit such proof will result in denial of employment.
- I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.
- I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, or related papers and in the interview. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.
- By my signature below, I certify that all the statements herein are true, and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

# EMPLOYMENT REFERENCE REQUEST FORM

Applicant: Please provide three professional or personal references who have personal knowledge about your employment history, education or character and can attest to your ability to provide services to individuals with developmental disabilities. Complete only your contact information under APPLICANT INFORMATION and the name and contact information for each of the three references. Family Partners, LLC will contact the references and obtain the information directly from them.

**APPLICANT Name:**

**Phone #:**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**

**REFERENCE #1 Name:**

**Phone #:**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**

**REFERENCE #2 Name:**

**Phone #:**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**

**REFERENCE #3 Name:**

**Phone #:**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**



**TO BE COMPLETED BY FAMILY PARTNERS, LLC**



**REFERENCE #1:**

**Length of Time You Have Known the Applicant:** \_\_\_\_\_ Years \_\_\_\_\_ Months

**Relationship to Applicant:** \_\_\_ Supervisor \_\_\_ Co-Worker \_\_\_ Other: \_\_\_\_\_

Please indicate how you believe the applicant would relate and interact with individuals with developmental disabilities. Describe your knowledge of the applicant's experience, education or training in working with these individuals (or, if you have any reason to believe the applicant would not be suited to provide these services, please indicate why):

If Applicant is a former employee, would they be eligible for rehire? \_\_\_ YES \_\_\_ NO \_\_\_ N/A If NO, please indicate why not:

Any additional comments which will help in evaluating this applicant?

**REFERENCE #2:**

Length of Time You Have Known the Applicant: \_\_\_\_\_ Years \_\_\_\_\_ Months

Relationship to Applicant: \_\_\_ Supervisor \_\_\_ Co-Worker \_\_\_ Other: \_\_\_\_\_

Please indicate how you believe the applicant would relate and interact with individuals with developmental disabilities. Describe your knowledge of the applicant's experience, education or training in working with these individuals (or, if you have any reason to believe the applicant would not be suited to provide these services, please indicate why):

If Applicant is a former employee, would they be eligible for rehire? \_\_\_ YES \_\_\_ NO \_\_\_ N/A If NO, please indicate why not:

Any additional comments which will help in evaluating this applicant?

**REFERENCE #3:**

**Length of Time You Have Known the Applicant: \_\_\_\_\_ Years \_\_\_\_\_ Months**

**Relationship to Applicant: \_\_\_ Supervisor \_\_\_ Co-Worker \_\_\_ Other: \_\_\_\_\_**

**Please indicate how you believe the applicant would relate and interact with individuals with developmental disabilities. Describe your knowledge of the applicant's experience, education or training in working with these individuals (or, if you have any reason to believe the applicant would not be suited to provide these services, please indicate why):**

**If Applicant is a former employee, would they be eligible for rehire? \_\_\_ YES \_\_\_ NO \_\_\_ N/A If NO, please indicate why not:**

**Any additional comments which will help in evaluating this applicant?**

**INTERVIEWER INFORMATION**

**PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**