



ARROW HOME CARE LLC

# Employment Application

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about this job?: \_\_\_\_\_ Were you referred by an employee?: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary required.: \_\_\_\_\_ per: \_\_\_\_\_

## Education

### Highschool

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years completed?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type?: \_\_\_\_\_

### College

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

### Other

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Attended?: \_\_\_\_\_

Did you graduate?: \_\_\_\_\_ Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_

Special Courses (Please list any additional training you may have received, including military training, apprenticeship programs, vocational training courses or seminars.):



# Employment History

## Present or Most Recent Employer

Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

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## Additional Employment History

Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_



Company Name: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Starting salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Duties:

Reason for leaving: \_\_\_\_\_ May we contact this employer?: \_\_\_\_\_

Briefly describe your long-term career goals:

### Professional Licenses/Certifications

License/Certification	State	License Number	Date Expires

### References

(Please do not include family members or relatives)

Name	Current Position and Company	Phone Number

Have you ever been convicted of a felony or misdemeanor offense? \_\_\_\_\_

Please explain: \_\_\_\_\_

Are you legally eligible for employment in the United States of America? \_\_\_\_\_

I certify that the information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability. I understand that any falsification, misrepresentation or omission in my interviews or any other employment record, may be sufficient reason not to hire me or may be reason for dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Credentials and Training Requirements Acknowledgement

## Items required simultaneously to the execution of the Arrow Home Care LLC Direct Service Workers Agreement:

1. Hepatitis B Vaccination Notice
2. CPR Certification – ONLINE COURSES are not acceptable
3. First Aid Certification – ONLINE COURSES are not acceptable
4. Tuberculosis FREE test results
5. Level 1 Fingerprint Clearance Card
6. Article 9 and DD Training (for DDD services ONLY)
7. CPS background check
8. Criminal History Self-Disclosure (must be notarized)
9. APS background check
10. Confidentiality and HIPAA Compliance

Character reference from 3 independent parties (1 from prior employer)

## Items required simultaneously to the execution of the Arrow Home Care LLC Direct Service Workers Agreement:

Arizona Direct Care Worker Competencies Training Certification

- A. Knowledge and Skills, Fundamentals of Direct Care and Support (level 1)
- B. Knowledge and Skills, Aging and Physical Disabilities (level 2)
- C. Knowledge and Skills, Developmental Disabilities (level 2)

## Items required to be updated Annually:

1. Proof of successfully completing at least six (6) hours of CEU's or other amount required by law.

**By signing below, DCW acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_



## Pre-work Safety Precautions and Acknowledgements

**For the Safety, Health, and Well-Being of an Arrow Home Care Member, Caregiver acknowledges that He/ She will IMMEDIATELY notify a member of Management if:**

1. Arrow Home Care Client is unavailable to receive services or refuses services.
2. Arrow Home Care Client visits the **ER, URGENT CARE** and/or is admitted in the **HOSPITAL**.
3. The Caregiver is to report a **DECLINE** in the client's health.
4. The Caregiver has concerns about the **SAFETY** or **LIVING** conditions.
5. The Caregiver observes **ABUSE** or **SIGNS of ABUSE** to the member.

**Caregiver acknowledges and agrees that He/ She will not:**

1. Attempt to transfer an Arrow Home Care Client (manually or using a Hoyer Lift, Gait Belt or other devices) unless said Caregiver has or has had proper training to do so.
2. Administer or set-up Medications.
3. Communicate with any third party (including but not limited to personal visits, phone calls, texts, emails or internet) while providing services unless it relates to the Arrow Home Care Client's services or is an **EMERGENCY**.
4. Demand or accept payment, tips or gratuities from the client for any services provided. Caregiver understands that the Arrow Home Care Client is not responsible for any service fees.
5. Accept gifts in **ANY form** from Arrow Home Care Client.
6. Transport an Arrow Home Care Client unless it is in the clients own personal vehicle and a letter has been given to Arrow Home Care office verifying.
7. Report hours that are not authorized by insurance provider or Arrow Home Care LLC. Hours that CANNOT be collected are but not limited to: Hospital visits, client being placed in an assisted living facility (respite hours or permanently) or similar facility and vacations.

**By signing below, Caregiver acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Hepatitis B Vaccination Notice and Acknowledgement

The provision of Home and Community Based Services may expose Caregivers to blood and bodily fluids which increase the risk of contracting Hepatitis B and other blood-borne infections and diseases.

Because of this, it is recommended that the caregiver obtains a Hep B vaccination series or other immunizations to protect against blood-borne infections and diseases. Although vaccination is OPTIONAL, Caregiver is required to confirm awareness of these risks.

### Confirmation of Risk:

1. I understand that I am at risk of exposure to blood or bodily fluids.
2. I understand that I am at risk of contracting a blood-borne infection or disease.
3. I will follow standard safety procedures related to blood and bodily fluids.
4. I understand that it is recommended that I be immunized against Hep B and other Blood-borne infections and diseases.
5. I agree that Arrow Home Care LLC Client is not liable if I contract a blood-borne infection or disease.

**By signing below, Caregiver acknowledges the information contained herein.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



# Arrow Home Care LLC

2550 West Union Hills Drive Suite 350 Phoenix, AZ 85027

480-465-4033

## Company Handbook/Policies and Procedures

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

I have read and understand the Arrow Home Care LLC Handbook.

Once completed, please email application to [Shawna.arrow22@gmail.com](mailto:Shawna.arrow22@gmail.com) & [Lina.arrow22@gmail.com](mailto:Lina.arrow22@gmail.com)