

Dear Applicant,

Thank you for your interest in working at Encompass Health Services, Inc. This packet has all the forms you need to apply for a position. Included are:

- 1) Application – Please fill out completely. If you have a resume, please include it with your application as well.
- 2) Applicant's Consent and Affirmation:
 - Check box, sign and date.
- 3) Criminal History Affidavit:
 - This form needs to be notarized before you return application to Encompass Health Services, Inc.
- 4) Employment / Personal References: This will include three professional references that cover the last five years of employment and three personal references that do not include family members.
 - Completely fill out Sections 1 and 2
 - Send forms to references. They are to fill out Section 3 and mail or fax it back to Encompass Health Services, Inc. They should not be returning references directly back to you.
 - Please attach a list of references to the application, so as we receive the completed reference forms, we can match up references.
- 5) Skill/Abilities and Working Conditions – This page is for your information only.

We will also need to have copies of the following returned with application packet:

- 1) Required:
 - High school diploma, GED, and college degree, if obtained.
 - Transcripts from high school, GED, and college if applicable.
- 2) If you currently have:
 - Fingerprint Clearance Card
 - CPR/First Aid Card

Please keep in mind that if you are applying for a position that requires a degree, it must be related to the social work, counseling, substance abuse, or mental health field.

Please double check that you have signed in all required areas in the application and on reference forms.

ApplicaThank you,

Human Resource Department

FORMER EMPLOYERS

List below your last five years of employment starting with the last one first.

Date Month and Year	Name, Address, and Phone Number of Employer	Salary (upon leaving)	Position	Supervisor/Manager	If you've had formal clinical privileges, what is the status	Reason for Leaving
From To						
From To						
From To						
From To						

REFERENCES

(List below three persons NOT related to you, whom you have known at least one year.)

Name	Address	Phone Number	Position	Years Acquainted
1				
2				
3				

LICENSES/CERTIFICATIONS/REGISTRATION (Attach a copy of license/certification)

Discipline	Date Issued/Expires	State

OTHER QUALIFICATIONS

(List professional organizations/affiliations/honors)

Date

Training Received

(List trainings received if needed please use an extra piece of paper)

Date

PROFESSIONAL/CRIMINAL HISTORY

If any of the following questions is answered "yes", please give full details on a separate sheet of paper and attach. Answering yes to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since offense, and nature of the job sought.

- Has your membership in any professional organization ever been denied, investigated, suspended or revoked; or is any such action pending?
 Yes No Not Applicable
- Has a renewal of any of your professional memberships ever been denied?
 Yes No Not Applicable
- Have you ever been subject to any disciplinary proceedings by any professional association or organization; or is any such action pending?
 Yes No Not Applicable
- Have any of your licenses, certifications, or registrations to practice any profession in any jurisdiction ever been investigated, suspended?
 Yes No Not Applicable
- Is any action currently pending to investigate, suspend, restrict or revoke any of your licenses, certificates, or registrations?
 Yes No Not Applicable
- Have you ever been convicted of a criminal offense, other than a minor traffic violation?
 Yes No Not Applicable
- Have you had any malpractice claims filed against you within the past ten years, or are any currently pending?
 Yes No Not Applicable
- Are you currently using illegal drugs? Yes No

If you are to be hired by the company, you will be required to attest to your identify and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of related to such investigation or disclose.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guaranteed is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time. I understand and give release to the agency, Encompass Health Services, Inc. and other individuals and organizations who evaluate the application and credentials from any liability. I give permission for Encompass Health Services, Inc. to obtain and inspect all records related to my license, training, education, experience and competence and other information related to the application.

Date

Signature

Arizona Department of Health Services

Bureau of Child Care Licensing CRIMINAL HISTORY AFFIDAVIT

Complete this form immediately upon beginning employment, and at the time of reapplication for a Fingerprint Clearance Card.
(All requested information is required.)

Applicant's Name (First, Middle, Last)	Social Security Number	
Applicant's Address (#, Street, City, State, Zip)	Birth date	
Facility Name		
Facility Address (#, Street, City, State, Zip)	OR	CDC/SGH #

Pursuant to A.R.S. § 36-883.02(H), for purposes of this section, "child care personnel" means any employee or volunteer working at a child care facility.

Pursuant to A.R.S. § 36-897.03(I), for purposes of this section, "child care personnel" means all employees of and persons who are eighteen years of age or older and who reside in a child care group home that is certified by the department.

Pursuant to A.R.S. § 36-883.02(C) and 36-897.03(B), child care personnel shall certify on forms that are provided by the department that:

I have read and am willing to attest to the following in regards to the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) and (C) for Group Homes, which can be found at <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=41>:

1. Are you awaiting trial on or have you ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.07(B) for centers, (B) or (C) for Group Homes, in this state or similar offenses in another state or jurisdiction? YES NO

2. Are you a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201? YES NO

3. Have you been denied or had a certificate revoked to operate a child care group home or a license to operate a child care facility in this or any other state, or have you been denied or had a certificate revoked to work in a child care facility or a child care group home? YES NO

Have you been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state, or had a license to operate a child care facility or a certificate to operate a child care group home revoked for reasons that relate to the endangerment of the health and safety of children?

YES NO

ALL QUESTIONS MUST BE COMPLETED. Pursuant to A.R.S. § 36-883.02(E), and A.R.S. § 36-897.03(E), the forms are confidential.

Pursuant to A.R.S. § 36-883.02(F), a child care facility shall not allow a person to be employed or volunteer in the facility in any capacity if the person has been denied a fingerprint clearance card pursuant to section 41-1758.07 or has not received an interim approval from the Board of Fingerprinting pursuant to A.R.S. § 41-619.55(I).

Good cause exceptions; revocation

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

Pursuant to A.R.S. § 36-897.03(F), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection B, paragraph 2 or 3 of this section is **prohibited from being employed in any capacity** in a child care group home.

Pursuant to A.R.S. § 36-897.03(G), a person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in Section 41-1758.07, subsection C shall not work in a child care group home without direct visual supervision unless the person has applied for and received the required fingerprint clearance card pursuant to §41-1758 and is registered as child care personnel. **A person who is subject to this subsection shall not be employed in any capacity in a child care group home if that person is denied the required fingerprint clearance card.**

Pursuant to A.R.S. § 36-883.02(G) and A.R.S. § 36-897.03(H), the employer shall notify the Department of Public Safety if the employer receives credible evidence that any child care personnel either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.07(B).
2. Falsified information on the form required by subsection C for Centers, B for Group Homes, of this section.

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

41-1758.07. Fingerprint clearance cards; issuance; immunity

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card:

1. Sexual abuse of a vulnerable adult.
2. Incest.
3. Homicide, including first or second degree murder, manslaughter and negligent homicide.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child sex trafficking as prescribed in section 13-3212.
10. Child abuse.
11. Felony child neglect.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. Dangerous crimes against children as defined in section 13-705.
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purpose of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.
20. Sex trafficking.
21. Sexual abuse.
22. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
23. Furnishing harmful items to minors as prescribed in section 13-3506.
24. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
25. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
26. Luring a minor for sexual exploitation.
27. Enticement of persons for purposes of prostitution.
28. Procurement by false pretenses of person for purposes of prostitution.
29. Procuring or placing persons in a house of prostitution.
30. Receiving earnings of a prostitute.
31. Causing one's spouse to become a prostitute.
32. Detention of persons in a house of prostitution for debt.
33. Keeping or residing in a house of prostitution or employment in prostitution.
34. Pandering.
35. Transporting persons for the purpose of prostitution, polygamy and concubinage.
36. Portraying adult as a minor as prescribed in section 13-3555.
37. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
38. Any felony offense involving contributing to the delinquency of a minor.
39. Unlawful sale or purchase of children.
40. Child bigamy.
41. Any felony offense involving domestic violence as defined in section 13-3601 except for a felony offense only involving criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars if the offense was committed before the effective date of this section.
42. Any felony offense in violation of Title 13, Chapter 12 if committed within five years before the date of applying for a level I fingerprint clearance card.
43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a level I fingerprint clearance card.
44. Felony indecent exposure.
45. Felony public sexual indecency.
46. Terrorism.
47. Any offense involving a violent crime as defined in section 13-901.03.
48. Trafficking of persons for forced labor or services.

C. A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Any misdemeanor offense in violation of Title 13, chapter 12.
2. Misdemeanor indecent exposure.
3. Misdemeanor public sexual indecency.
4. Aggravated criminal damage.
5. Theft.
6. Theft by extortion.
7. Shoplifting.
8. Forgery.
9. Criminal possession of a forgery device.
10. Obtaining a signature by deception.
11. Criminal impersonation.
12. Theft of a credit card or obtaining a credit card by fraudulent means.
13. Receipt of anything of value obtained by fraudulent use of a credit card.
14. Forgery of a credit card.
15. Fraudulent use of a credit card.
16. Possession of any machinery, plate or other contrivance or incomplete credit card.
17. False statement as to financial condition or identity to obtain a credit card.
18. Fraud by persons authorized to provide goods or services.
19. Credit card transaction record theft.
20. Misconduct involving weapons.
21. Misconduct involving explosives.
22. Depositing explosives.
23. Misconduct involving simulated explosive devices.
24. Concealed weapon violation.
25. Misdemeanor possession and misdemeanor sale of peyote.
26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a level I fingerprint clearance card.
27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance.
28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
29. Misdemeanor sale of precursor chemicals.
30. Felony sale of precursor chemicals if committed more than five years before the date of applying for a level I fingerprint clearance card.
31. Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs.
32. Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
33. Misdemeanor manufacture or misdemeanor distribution of an imitation controlled substance.
34. Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
35. Misdemeanor manufacture of misdemeanor distribution of an imitation prescription-only drug.
36. Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
37. Misdemeanor manufacture or misdemeanor distribution of an imitation over-the-counter drug.
38. Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
39. Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance.
40. Felony possession or felony possession with intent to use an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
41. Misdemeanor possession or misdemeanor possession with intent to use an imitation prescription-only drug.
42. Felony possession or felony possession with intent to use an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
43. Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug.
44. Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
45. Misdemeanor manufacture of certain substances and drugs by certain means.
46. Felony manufacture of certain substances and drugs by certain means if committed more than five years before the date of applying for a level I fingerprint clearance card.
47. Adding poison or other harmful substance to food, drink or medicine.
48. A criminal offense involving criminal trespass under Title 13, Chapter 15.
49. A criminal offense involving burglary under Title 13, Chapter 15.
50. A criminal offense under Title 13, Chapter 23, except terrorism.
51. Misdemeanor offenses involving child neglect.
52. Misdemeanor offenses involving contributing to the delinquency of a minor.
53. Misdemeanor offenses involving domestic violence as defined in section 13-3601.
54. Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars and the offense was committed before the effective date of the section.
55. Arson.
56. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
57. Criminal damage.
58. Misappropriation of charter school monies as prescribed in section 13-1818.
59. Taking identity of another person or entity.
60. Aggravated taking identity of another person or entity.
61. Trafficking in the identity of another person or entity.
62. Cruelty to animals.
63. Prostitution, as prescribed in section 13-3214.
64. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
65. Welfare fraud.
66. Any felony offense in violation of Title 13, Chapter 12 if committed more than five years before the date of applying for a level I fingerprint clearance card.
67. Kidnapping.
68. Robbery, aggravated robbery or armed robbery.

EMPLOYMENT REFERENCE FORM

REFERENCE - PLEASE RETURN TO:
 Encompass Health Services, Inc.
 PO Box 790, Page, AZ 86040
 PH: 928-645-5113 FAX: 928-645-3254
 Attention: Human Resource Department
 Or email resume@encompass-az.org

1. Date: _____
 Employer and/or Facility: _____
 Attention: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone #: _____ Fax #: _____

SECTIONS 1 & 2 TO BE COMPLETED BY APPLICANT

Your name has been given as a professional reference by the applicant listed below. By signing this form, the applicant is consenting to have former employment information released to our agency and that we have a right to keep your reference confidential. Please return form to Encompass and do not return to applicant so that information remains confidential. Any forms returned to applicant will be voided. Thanks for taking the time to complete the form.

2. _____
 Applicant Signature

Applicant Name: _____ DOB or Social Security #: _____
 Position Held: _____ Employment Dates: From _____ to _____

SECTION 3 TO BE COMPLETED BY REFERENCE

3. Please rank the employee on the following aspects of employment as "excellent", "good", "fair", or "poor". Comment if necessary.

	Excellent	Good	Fair	Poor	N/A	Comments
Quality of work						
Cooperation						
Attendance						
Reaction to criticism						
Ability to be flexible in the face of change						
Ability to grow and change in response to experience						
Interaction with others						
Ability to relate to children						
Ability to empathize with those of differing cultural patterns						
Respect for authority						
Integrity						

Would you rehire? Yes No

Additional Comments:

Signature: _____ Title: _____ Date: _____

To insure our high standards, we require references to verify competency of a potential employee. We would greatly appreciate your quick response to the questions on this form.

PERSONAL REFERENCE FORM

Name: _____

Date: _____

Mailing Address: _____

City, State, Zip: _____

Phone #: _____

Fax #: _____

REFERENCE - PLEASE RETURN TO:
Encompass Health Services, Inc.
PO Box 790, Page, AZ 86040
PH: 928-645-5113 FAX: 928-645-3254
Attention: Human Resource Department
Or email resume@encompass-az.org

THIS SECTION TO BE COMPLETED BY APPLICANT

Your name has been given as a personal reference by the applicant listed below. By signing this form, the applicant is consenting to have personal information released to our agency and that we have a right to keep your reference confidential.

Applicant Name

Applicant Signature

TO BE COMPLETED BY REFERENCE

Please rank the employee on the following aspects of employment as "excellent", "good", "fair", or "poor". Please provide comments for .

	Excellent	Good	Fair	Poor	Very Poor	Comments
Dependability						
Creative						
Attitude						
Motivation						
Emotional Stability						
Interpersonal Skills						
Empathy						

How long have you known the applicant? _____

How do you know the applicant? (I.e. coworker, friend, etc.)

Are you related to the applicant? YES NO

Additional Comments:

Signature: _____

Date: _____

SKILLS/ABILITIES:

Required:

- Fluent in English both verbally and in writing.
- Literate
- Computer Literate, knowledgeable in Windows 7
- Able to effectively employ analytical and problem-solving skills.
- Prevention of violent behavior or behavioral harmful to the client or others.

WORKING CONDITIONS

Physical Requirements:

Be able to sit and stand for extended periods of time.

Be able to hear ordinary conversation and phone communications.

Be able to bend, lift, and carry up to 20 lbs.

Be able to visually see a computer screen and various kinds of written documents.

Equipment Operation:

Be able to operate common office equipment.

Be able to operate Agency vehicles.

Possess valid driver's license and vehicle insurance.

Environmental Conditions:

Air-conditioned and/or heated office setting or client's home.

Accommodation(s):

As appropriate and fiscally reasonable.

Mental and Emotional:

Prioritizing workload

Decision making ability

Use of sound judgment to field inquiries concerning administrative, clinical, and operational concerns.

Ability to greet and deal effectively with clients, staff and facility visitors.

CONFIDENTIALITY LEVEL

Under federal confidentiality laws, personnel of the Agency may not disclose information about clients or personnel to anyone outside the agency without the person's prior written consent, and may not disclose this information to others within the Agency except on a "need to know" basis. This includes any identifying information concerning current past or prospective clients or personnel.

Reminder:

Please remember to include copies of the following documents:

- **High school diploma, GED and college degree, if obtained.**
- **Transcripts from high school, GED, and college, if applicable.**
- **Current Resume**
- **Fingerprint clearance card (if you have)**
- **Current CPR/First Aid card**

Make sure you have signed and dated in all required places.