

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire – An Equal Opportunity Employer

Date: _____

PERSONAL INFORMATION PLEASE PRINT or TYPE

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE

Present Address: _____
STREET APARTMENT NO. CITY STATE ZIP

Permanent Address: _____
STREET CITY STATE ZIP

Are you 18 Years or Older? Yes No Phone No. _____ Email _____

In Case of Emergency Notify: _____
Name Address Phone No.

For purposes of compliance with The Immigration Reform & Control Act, are you legally eligible for employment in the United States? Yes No

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Have you Ever Applied to this Company Before? Yes No When? _____ Ever Worked for this Company Before? Yes No When? _____

Reason For Leaving: _____

Name of Last Supervisor At This Company: _____

How were you referred? Please indicate organization or employee name: _____

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	DEGREE
High School				
Vocational				
College				
College				
Graduate				
Other				
Other				

Area of specialization or major interest: _____

List Professional Licenses and/or Certifications (i.e. RN, LISAC, CPR, EMT):	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____
	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____
	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____

GENERAL

Subjects of Special Study or Research Work: _____

Special Training: _____

Special Skills: _____

MILITARY SERVICE RECORD (A copy of a report of separation from the Armed Services may be required.)

Branch of Service: _____ Beginning Date of Service: _____

Present Membership in National Guard or Reserves: _____ Discharge Date / Rank: _____

Date Obligation Ends: _____

SPECIAL QUESTIONS

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? Yes No If Yes, Describe: _____

I understand and agree that I may be required to take a physical examination and/or pre-employment drug screen. I agree to consent to take such test(s) at such time as designated by Inflection HR and release Inflection HR, its directors, officers, agents and worksite employers from claim arising in connection with the use of such test(s) Yes No

Please Note: Only complete applications will be considered for employment. Please fill in all sections. Do NOT write see resume.

FORMER EMPLOYERS Beginning with your current or most recent employer, list below employers going back at least ten (10) Years.
(Attach Additional Pages If Necessary)

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Please Note: Only complete applications will be considered for employment. Please fill in all sections. Do NOT write see resume.

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

REFERENCES List Below The Names Of At Least Three Persons Not Related To You, Who Are Not Former / Current Supervisors, Whom You Have Known At Least One Year.

Name	Address	Phone No:	Business	Years Acquainted

AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO BOTH INFLECTION HR AND MY ASSIGNED WORKSITE'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY INFLECTION HR. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS CHIEF EXECUTIVE OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE CHIEF EXECUTIVE OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I FURTHER AUTHORIZE INFLECTION HR TO CONDUCT A BACKGROUND, REFERENCE, EMPLOYMENT AND/OR EDUCATIONAL VERIFICATION CHECKS PRIOR TO ANY OFFER OF EMPLOYMENT.

DATE: _____ SIGNATURE: _____

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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NOTICE TO RESIDENTS OF CALIFORNIA, MINNESOTA AND OKLAHOMA ONLY: If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box: Yes, please send me a copy of my report.

APPLICANT DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package <input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record <input type="checkbox"/> Social Security Address/Alias Trace <input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Educational Degree Verification <input type="checkbox"/> Personal/Prof. Reference Verification <input type="checkbox"/> Professional Licensure Verification <input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

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**COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING INVESTIGATIVE CONSUMER REPORTS**

I understand that as a condition of my consideration for employment, or as a condition of my continued employment, **Inflection HR** ("the company") may obtain a consumer report and/or investigative consumer report that includes, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent the company and/or its designated agent, Universal Background Screening, to procure such a report. I understand that pursuant to the Federal Fair Credit Reporting Act, **Inflection HR** will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making an adverse decision regarding my fitness for employment. I further understand that such report will be made available to me prior to any such adverse decision being made, along with the name and address of the reporting agency that produced the report.

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If you would like to receive a copy of your background information obtained by Universal Background Screening, please indicate by checking the following box:

Yes, please send me a copy of my report.

Signature

Date

Printed Name

Social Security Number

Child Crisis Center Vehicle Insurance Form

Your position may require you to utilize CCC vehicles. To ensure that your driving record is such that we may add you to the CCC policy, please fill out the below information. This information will be forwarded to our policy carrier who will complete a MVR (Motor Vehicle Records) check.

Name as it appears on your driver's license: _____

Date of Birth: _____ *It is prohibited for those under the age of 21 to drive Center vehicles

Social Security Number: _____ Drivers License Number: _____

Drivers License Expiration Date: _____ State License was issued in: _____

NOTE: To be covered on our insurance to drive children in the center vehicle's employees must have an Arizona DL. If you have moved here from out of state, the law requires you to get an AZ DL within 30 days of residency. We do make an accommodation for new employees to go through their 90 day introductory period without a DL since they cannot drive during intro anyway. However, if at the end of the 90 day introductory period you do not have a valid AZ DL that would be grounds for not passing the introductory period, thus potentially terminating employment.

The following are requirements for drivers.

- Must have AZ DL.
- No one under 21 years of age can drive Center vehicles
- Those who are under 22 years of age may only have 1 moving violation
- Those older than 22 years of age can only have a max of 1 accident OR 2 minor tickets within 3 years and no major accidents in the past 5 years
- Driver and passengers must wear seatbelts at all times!
- Drivers are required to follow all vehicle and safety laws and agency protocols. Violations may result in disciplinary action up to and including termination.
- Any tickets received will be the responsibility of the employee.
- Vehicles are to be used for employment related purposes ONLY. Employees who use agency vehicles for personal purposes will be subject to disciplinary action up to and including termination of employment.

I, _____, an applicant for insurance with the Social Service Contractor's Indemnity Pool (SSCIP), hereby consent to a review of my driving record with the Motor Vehicle Division for the purposes of determining my eligibility for coverage and for performing an evaluation of the premium due for that coverage. I understand and agree that any authorized agent or representative of SSCIP may obtain a copy of that driving record through the Motor Vehicle Division or by other means for those purposes. To the extent that this review of my driving record is an invasion of my privacy rights, I waive those rights for the purposes of evaluation of my insurance application.

Employee Signature: _____ Date: _____

To be filled in by insurance carrier and returned to CCC Human Resources at 480-969-9277.

Add driver to policy _____ yes _____ no

Per (signature of agency representative) _____ Date: _____

Fax to: Shanna at 480-481-9551. Telephone 480-990-1366 X137