



FAMILY TREE  
HEALTHCARE

## EMPLOYMENT APPLICATION FORM

NOTE: APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS					
Legal Name (Last, First, MI)			Date:		
Prior/Alternate Name:					
Present Street Address		City	State	ZIP:	
Telephone:					
If under 18, please list age:					
Position Applied For:			Days/Hours Available to Work:		
Salary Desired:			No Pref _____	Thur _____	
			Mon _____	Fri _____	
			Tue _____	Sat _____	
			Wed _____	Sun _____	
How many hours can you work weekly?			Can you work nights?		
Employment Desired:					
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME					
When available for work?					
EDUCATION & OTHER INFORMATION					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE	
<b>High School</b>					
<b>College</b>					
<b>Bus. or Trade School</b>					
<b>Professional School</b>					

7002 S Central Avenue, Phoenix, AZ 85042 – Phone 602.499.4221 – Fax 602.268.6298  
Return completed application to [info@familytreehealthcare.com](mailto:info@familytreehealthcare.com)

<b>Have you ever been convicted of a crime?</b>		<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p><b>If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. NOTE – THIS DOES NOT DISQUALIFY YOU FOR EMPLOYMENT</b></p>			
<b>Do you have a driver's license?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Driver's License Number:</b>	<b>State of issue:</b>	<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur	
<b>Expiration Date:</b>			
<b>Have you had any accidents during the past three years?</b>		<b>How many?</b>	
<b>Have you had any moving violations during the past three years?</b>		<b>How Many?</b>	
<b>Please list two references other than relatives or previous employers.</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Position:</b>		<b>Position:</b>	
<b>Company:</b>		<b>Company:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.</b>			

**MILITARY**

Have you ever been in the armed forces?  Yes  No

Are you now a member of the national guard?  Yes  No

Specialty: Date Entered: Discharge Date:

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** You may also attach a resume.

**JOB ONE**

<b>Name of Employer:</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

**JOB TWO**

<b>Name of Employer:</b>	<b>Name of Last Supervisor:</b>	<b>Employment Dates</b>	<b>Salary</b>
<b>Complete Address:</b>		<b>From:</b>	<b>Start:</b>
		<b>To:</b>	<b>Final:</b>
<b>Phone Number:</b>	<b>Your Last Job Title:</b>		

**Reason for Leaving (be specific):**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

JOB THREE			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by FAMILY TREE HEALTHCARE (hereinafter called "FTHC"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other FTHC practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of FAMILY TREE HEALTHCARE, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by a legal representative of FTHC. FAMILY TREE HEALTHCARE may end the employment relationship at any time, without specified notice or reason. If employed, I understand that FTHC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give FTHC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release FTHC from any liability as a result of such contract.

I also understand that (1) FTHC has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that FTHC has a ZERO tolerance policy for sexual harassment and misconduct, and that participating in such behaviors is immediate grounds for termination.

**Signature of Applicant**

**Date:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**

**OFFICE ONLY**

19 Completed \_\_\_\_ Payroll Entry completed \_\_\_\_ Orientation Completed \_\_\_\_

Laptop (serial Number \_\_\_\_\_)  Phone # \_\_\_\_\_

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