



Show Low
 2500 E. Cooley St., Ste 401
 Show Low, AZ 85901
 Tel: 928.537.9744
 Fax: 928.537.5188
 Toll Free: 1-888-637-9744

TLC is a Drug Free Workplace

BEFORE COMPLETING THE ATTACHED APPLICATION YOU ARE REQUIRED TO READ THE FOLLOWING:

UPON A CONDITIONAL OFFER OF EMPLOYMENT YOU WILL BE REQUIRED TO SUCCESSFULLY PASS THE FOLLOWING:

- BE 21 YEARS OF AGE OR OLDER
- DRUG SCREEN
- DEPARTMENT OF PUBLIC SAFETY CLEARANCE (FBI BACKGROUND CHECK) WILL BE PROCESSED BY TLC
- CPS REGISTRY CHECK
- 3 WRITTEN REFERENCES
- ALL OTHER CHECKS AS MANDATED BY AZ LAW

IF YOU DO NOT SUCCESSFULLY PASS THESE CHECKS / SCREENINGS, THE CONDITIONAL OFFER OF EMPLOYMENT WILL BE REVOKED.

IN ORDER TO FULFILL THE ESSENTIAL FUNCTIONS OF THE RESIDENTIAL INSTRUCTOR JOB DESCRIPTION

- You **MUST** be 21 years of age or older
- You **MUST** have a valid Driver's License or State ID
- You **MUST** be able to read, write, receive and communicate directions in English
- You **MUST** be willing to perform / assist persons with personal hygiene tasks up to and including grooming, toileting, changing attends, transferring and bathing
- You **MUST** be able to list at least 50 lbs
- You **MUST** work well under pressure
- You **MUST** be able to multi-task
- You **MUST** be able to work your scheduled shifts regardless of weather conditions

By signing and dating below I acknowledge I have read and understand an offer of employment is conditional and is contingent on my successfully passing all checks and screenings. I further understand and acknowledge I meet the ESSENTIAL functions of the RESIDENTIAL INSTRUCTOR position.

Printed Name

Signature

Date

FOR HR USE ONLY:

INTERVIEW TYPE: PHONE ON-SITE HIRING EVENT/CAREER FAIR

DATE(S) OF INTERVIEW: _____ ACT Applicant YES NO

Invited to Community Awareness YES NO ACT Employee YES NO



Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the

Human Resources Department.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

County of Residence: _____

How did you hear of TLC: _____ Home Phone : (____) _____

Date Available: _____ Cell Phone: (____) _____

Drivers License #: _____ Desired Salary: \$ _____

State: _____ E-mail Address: _____

Position Applied for: _____

Are you at least 21 years of age? YES NO
 Have you ever worked for or applied for a position before in this company? YES NO
Have you ever been convicted of a misdemeanor or a felony, i.e. check deception, DUI or do you currently have charges that are pending? YES NO
 Are you authorized to work in the U.S.? YES NO
 If yes, when?

If yes, explain:
 Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Education

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Associates Bachelors Masters PhD

High School: _____ Do you have a GED Certificate? Yes No

From: _____ To: _____ Address: _____

Did you graduate? Yes No Degree: _____

College: _____

From: _____ To: _____ Address: _____

Did you graduate? Yes No Degree: _____



1.) Company:			
Address:		Phone: ()	
Job Title:		Supervisor:	
Responsibilities:		Starting Salary: \$	Ending Salary: \$
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2.) Company:			
Address:		Phone: ()	
Job Title:		Supervisor:	
Responsibilities:		Starting Salary: \$	Ending Salary: \$
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3.) Company:			
Address:		Phone: ()	
Job Title:		Supervisor:	
Responsibilities:		Starting Salary: \$	Ending Salary: \$
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____

- The State of Arizona requires all staff members working with DDD Individuals to obtain and maintain a Fingerprint Clearance Card through DPS / FBI. If employment is offered, TLC Supported Living Services of Az, Inc. will assist employees with applying for a Fingerprint Clearance Card. Continued employment is contingent upon maintaining cards validity.
- The State of Arizona requires all staff working with DDD Individuals to provide three references (un-related to the staff) verified by the agency. Please use forms provided, one per reference.



**Referral Source -
Please check one or your application
will not be considered**

Applicant Name: (optional) _____

Date: _____

- White Mountain Independent Online
- White Mountain Independent Newspaper
- Other publication - Please be specific _____
- Craig's List
- Friend/Family/ Staff referral: Name _____
- DES OFFICE ON COOLEY ST.
- Cable TV Which Network? _____
- Other _____

Updated 1/18/2012



REFERENCE INSTRUCTIONS:

Below are 4 blank reference pages. Please detach them and take with you. Instructions are also on the top of each reference page.

You will need to have 3 completed references to bring to Community Awareness. 1 of the 3 references must be work related. This means a former or current Supervisor, Manager or co-worker.

The other 2 references may be friends, colleagues, etc. You may not submit references from family members.



Name of APPLICANT _____ Date of Reference _____

Applicant, please give this form to the person you wish to use as a reference. Have them fill out this form completely with their signature and phone number so the reference can be verified. You will need a total of 3 references. 1 of the 3 must be work-related.

POSITION: Residential Instructor/Direct Care

Reference Type:	Work Related/Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Name of Company/ Person Providing Reference: _____			
PRINT NAME _____			
SIGNATURE _____			
Phone Number: _____			
Position Held If a Work Reference : _____			
Employment Period / Duration Known From: _____ To: _____			
Would you re-hire <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments /Notes: _____ _____ _____			
	Outstanding	Meets Standards	Needs Improvement
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Direction/Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name of APPLICANT _____ Date of Reference _____

Applicant, please give this form to the person you wish to use as a reference. Have them fill out this form completely with their signature and phone number so the reference can be verified. You will need a total of 3 references. 1 of the 3 must be work-related.

POSITION: Residential Instructor/Direct Care

Reference Type:	Work Related/Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Name of Company/ Person Providing Reference: _____			
PRINT NAME _____			
SIGNATURE _____			
Phone Number: _____			
Position Held If a Work Reference : _____			
Employment Period / Duration Known From: _____ To: _____			
Would you re-hire <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments /Notes: _____ _____ _____			
	Outstanding	Meets Standards	Needs Improvement
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Direction/Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name of APPLICANT _____ Date of Reference _____

Applicant, please give this form to the person you wish to use as a reference. Have them fill out this form completely with their signature and phone number so the reference can be verified. You will need a total of 3 references. 1 of the 3 must be work-related.

POSITION: Residential Instructor/Direct Care

Reference Type:	Work Related/Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Name of Company/ Person Providing Reference: _____			
PRINT NAME _____			
SIGNATURE _____			
Phone Number: _____			
Position Held If a Work Reference : _____			
Employment Period / Duration Known From: _____ To: _____			
Would you re-hire <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments /Notes: _____ _____ _____			
	Outstanding	Meets Standards	Needs Improvement
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Direction/Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name of APPLICANT _____ Date of Reference _____

Applicant, please give this form to the person you wish to use as a reference. Have them fill out this form completely with their signature and phone number so the reference can be verified. You will need a total of 3 references. 1 of the 3 must be work-related.

POSITION: Residential Instructor/Direct Care

Reference Type:	Work Related/Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Name of Company/ Person Providing Reference: _____			
PRINT NAME _____			
SIGNATURE _____			
Phone Number: _____			
Position Held If a Work Reference : _____			
Employment Period / Duration Known From: _____ To: _____			
Would you re-hire <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments /Notes: _____ _____ _____			
	Outstanding	Meets Standards	Needs Improvement
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Direction/Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>