



# ELITE COMMUNITY SERVICES, L.L.C.

Vocational, Tutoring & DDD Services

Toll Free: 888.558.1275 www.ECSAZ.org Fax: 480.558.1276

## APPLICATION FOR EMPLOYMENT

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

### HCBS APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

*Last Name*

*First Name*

*M.I.*

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*For Background check Purposes*

Street Address: \_\_\_\_\_

*If mailing address differs, please provide as well.*

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Preferred Contact Method: Email Text Both

### AVAILABILITY

|                      | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------|--------|---------|-----------|----------|--------|----------|--------|
| I can start work at: | am/pm  | am/pm   | am/pm     | am/pm    | am/pm  | am/pm    | am/pm  |
| I can work until:    | am/pm  | am/pm   | am/pm     | am/pm    | am/pm  | am/pm    | am/pm  |

Date Available: \_\_\_\_\_ Desired Hourly Rate: \_\_\_\_\_

Are you a citizen of the United States? Yes No If no, are you authorized to work in the United States? Yes No

Have you ever been convicted of a felony/misdemeanor? Yes No

If yes, explain: \_\_\_\_\_

### CERTIFICATIONS/EXPERIENCE WITH SPECIAL NEEDS

Are you fluent in any language besides English? Yes No If yes, please list: \_\_\_\_\_

Circle the following that you are certified for:

CPR First Aid Article 9 DCW Fingerprint Clearance Card Other: \_\_\_\_\_

Have you worked for Elite Community Services or any other Special needs agency before? Yes No

When and where? \_\_\_\_\_



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Explain your experience with special needs/disabilities/elderly

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**PREVIOUS EMPLOYMENT**

| COMPANY NAME, ADDRESS & PHONE NUMBER | FROM | TO | TITLE/POSITION | REASON FOR LEAVING |
|--------------------------------------|------|----|----------------|--------------------|
|                                      |      |    |                |                    |
|                                      |      |    |                |                    |
|                                      |      |    |                |                    |

**Q&A**

It may take some time to get you a full, working schedule. Is this okay?    YES    NO

A typical schedule would include multiple shifts with different clients; those shifts can range from 2-3 hours long.  
Can you adapt to this type of schedule?    YES    NO

There will be times where we need last minute coverage, would you be dependable for short notice coverage?    YES    NO

If you are going to be absent or late, you must call the office and let the client, or clients' family know. It is of high importance that you are punctual and reliable. Do you understand?    YES    NO

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize Elite Community Services, LLC. to investigate information concerning my education, employment experiences and all other aspects of my background as may be necessary in arriving at an employment decision. I release Elite Community Services, LLC. and its employees from all liability arising from such investigation

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

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