



**OUR MISSION IS:**  
 "To maximize the well-being  
 and care of seniors."

### APPLICATION FOR EMPLOYMENT

I UNDERSTAND THAT ANY MISREPRESENTATION/OMISSION MADE BY ME ON THIS APPLICATION IS GROUNDS FOR TERMINATION. ALL APPLICANTS OFFERED EMPLOYMENT WILL BE REQUIRED TO SUCCESSFULLY COMPLETE A DRUG/ALCOHOL TEST, AND IF A PHYSICAL EXAM IS REQUIRED, THE PHYSICAL EXAM MUST DEMONSTRATE THEIR PHYSICAL ABILITY TO PERFORM THE JOB REQUIREMENTS. ALL EMPLOYMENT IS "AT WILL" IN ACCORDANCE WITH AZ STATE LAW. LA POSADA'S POLICY IS TO MAKE REASONABLE ACCOMMODATION FOR PERSONS WITH A QUALIFIED ADA DISABILITY, AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, COLOR, ORIGIN, RACE, RELIGION OR SEX.

AN EXTENSIVE BACKGROUND CHECK IS ALSO REQUIRED, WHICH INCLUDES AMONG THE INQUIRIES, A CRIMINAL CONVICTIONS CHECK, A DRIVING RECORDS CHECK, EDUCATIONAL/PROFESSIONAL CERTIFICATION, AND GENERAL EMPLOYMENT HISTORY. ALL PERSONS OFFERED EMPLOYMENT MUST VERIFY THEIR ELIGIBILITY TO WORK IN THE USA (FORM I-9).

I AGREE TO SETTLE ANY DISPUTES RELATED TO MY CANDIDACY FOR EMPLOYMENT, EMPLOYMENT AND/OR CESSATION OF EMPLOYMENT WITH LA POSADA, EXCLUSIVELY BY FINAL AND BINDING ARBITRATION BEFORE A NEUTRAL ARBITRATOR.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY AND IF QUESTIONS ARE NOT APPLICABLE, WRITE "N.A."**

#### PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE NAME)
ADDRESS (NUMBER & STREET)	(CITY & STATE)	(ZIP CODE)
HOME PHONE:	MESSAGE PHONE:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____ IF YES, GIVE DETAILS INCLUDING DATE, COURTHOUSE NATURE OF CRIME AND DISPOSITION.		
POSITION INFORMATION: FULL TIME WORK _____ PART TIME WORK _____ TEMPORARY WORK _____ FOR WHAT POSITION ARE YOU APPLYING: 1. _____ 2. _____		
DATE AVAILABLE FOR WORK	WHAT HOURS CAN YOU WORK?	AVAILABLE TO WORK ON WEEKENDS? YES _____ NO _____
HOW WERE YOU REFERRED?		
<b>SPECIAL SKILLS</b> (IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING): TYPING WPM: ELECTRIC _____ MANUAL _____ SHORTHAND WPM _____ MACHINE DICTATION _____ OFFICE MACHINES: _____ OTHER APPLICABLE SKILLS: _____ PLEASE LIST VALID LICENSES: _____ FOREIGN LANGUAGES: SPEAK _____ READ _____ WRITE _____		

**EDUCATION**

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	ENTER HIGHEST GRADE COMPLETED	LIST DIPLOMA OR DEGREE
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

**WORK HISTORY/REFERENCES**

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS _____ _____ _____ TELEPHONE: _____	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID			
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS _____ _____ _____ TELEPHONE: _____	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID			
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS _____ _____ _____ TELEPHONE: _____	FROM (MO./YR.)	TO (MO./YR.)	REASON FOR LEAVING	NAME OF SUPERVISOR
	DESCRIBE THE WORK YOU DID			

**IMPORTANT - PLEASE COMPLETE:** WHAT EXPERIENCE/SKILLS DO YOU POSSESS WHICH YOU FEEL COULD QUALIFY YOU FOR THIS POSITION? \_\_\_\_\_

MAY WE CONTACT EMPLOYER(S) LISTED ABOVE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, INDICATE WHICH ONE(S) NOT TO CONTACT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

START DATE _____	DEPT. CODE _____	POSITION _____
HRS. PER WEEK: _____	40 _____ 30 - 39 _____ 20 - 29 _____ 19 _____	PAY RATE _____
BENEFIT DEFERRED _____	PER DIEM _____	
APPROVED _____		
VERIFIED BY: _____ EMPLOYEE #: _____		