

EMPLOYMENT APPLICATION

CR# \_\_\_\_\_

SOLO provides services to persons with disabilities in all aspects of their daily life. You must answer all questions and complete all areas of the application. If any information is missing, we can't accept your application. Any omissions regarding prior employment/arrest/drug information will be cause to not process your application and if hired can lead to termination. As all employees must drive, you are required to have an AZ Driver's license, be over 21, and have current auto insurance and registration on your vehicle.

NAME: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Last First Middle Name

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you applied to, worked for or volunteered to SOLO before? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes - in what capacity and what dates? \_\_\_\_\_

Email Address \_\_\_\_\_

If you have any felony convictions, domestic violence charges; child abuse, and/or drug arrests/convictions, - do not go any further with this application. We will be unable to hire you.

Have you ever been convicted of a felony? No \_\_\_\_\_ Yes \_\_\_\_\_

Do you have any criminal convictions or unresolved criminal matters? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain listing reason, dates, and outcomes: \_\_\_\_\_

Have you ever been denied a fingerprint clearance card? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, we will be unable to hire you at this time.

**Circle any of the below certifications that you have and that are current!**

DCW CPR FIRST AID FINGERPRINT CLEARANCE ARTICLE 9 P&S

Fingerprint Clearance is a must in this field. If hired, you will be required to pass the clearance.

Other Languages spoken / fluency? \_\_\_\_\_

What does the term "developmental disabilities" mean to you? \_\_\_\_\_

List your experience personally or on the job working with persons with disabilities?: \_\_\_\_\_

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SHIFTS VARY – We provide services according to the client(s) needs. We are a 24 hour/365 day company. All employees are required to work the shifts as requested by families. Set weekly schedules are not guaranteed. We also provide overnight in home services – all employees are required to work these shifts as well. When signing your application, you are acknowledging the varied schedules. Upon hire, you will be assigned overnights, weekends, weeknights – any shift as required by our clients.

**REFERENCES:** List 4 names of personal references that have known you at least 3 years. Do not list a relative or former employer/employee. **List full addresses & phone numbers for each contact.** References do not have to live in this area. If not filled out or in-accurate information, we will not continue with your application.

Name	Full Address/City/Zip	Relationship	Day Time Phone #
1.			
2.			
3.			
4.			

Read each of these questions fully before marking your answer!!!

The job you are applying for is demanding physically as well as emotionally.

Do you have any physical or medical limitations that would prevent you from physical activity, bathing individuals, lifting/transferring Individuals, running, kneeling, bending? No\_\_ Yes \_\_

As you will be required to provide transportation, if you are you on any on-going Medication(s) that prevent you from driving or operating machinery, we cannot hire you.

Do you have any physical conditions or limitations that would prevent you from lifting clients, running, Playing on the floor, and/or standing for long periods of time. No\_\_ Yes \_\_

For insurance purposes, you will be transporting individuals - are you **over 21**? **No**\_\_ Yes \_\_

Have you had any accidents or been ticketed in the last five (5) years? No\_\_ Yes \_\_

Are you legally entitled to work in the United States No\_\_ Yes \_\_

<b>EDUCATION:</b> Name of School	Address/City/State	Grade Completed	Graduated Year Of	Years	Major / Degree Special
You must fill out all of the sections below - if they are not filled out then your application will be filled incomplete.					
High School					
Secondary School attended					
College or University					
Other Educational Training/Courses/Certifications?					
Major/Special Education/Subjects? Also list any special interests, hobbies, you may enjoy.					

**EMPLOYMENT HISTORY: LIST THE PAST 10 YEARS OF WORK EXPERIENCE.** Any omission of prior employment, the hiring process will be terminated. List most recent first. If needed, use a separate sheet of paper for additional positions. If any of your employment history does not have all the information filled out, we will not process your application.

Company: _____ Position Held: _____ Supervisor Name: _____ Department: _____ Address: _____ Phone # _____ Employment: Begin: _____ Ending: _____ May we contact this employer: Y N Duties and Responsibilities: _____ _____ Reason leaving company _____	Emp. Verified
Company: _____ Position Held: _____ Supervisor Name: _____ Department: _____ Address: _____ Phone # _____ Employment: Begin: _____ Ending: _____ May we contact this employer: Y N Duties and Responsibilities: _____ _____ Reason leaving company _____	Emp. Verified
Company: _____ Position Held: _____ Supervisor Name: _____ Department: _____ Address: _____ Phone # _____ Employment: Begin: _____ Ending: _____ May we contact this employer: Y N Duties and Responsibilities: _____ _____ Reason leaving company _____	Emp. Verified
Company: _____ Position Held: _____ Supervisor Name: _____ Department: _____ Address: _____ Phone # _____ Employment: Begin: _____ Ending: _____ May we contact this employer: Y N Duties and Responsibilities: _____ _____ Reason leaving company _____	Emp. Verified

**OFFICE/ADMINISTRATION/MANAGERIAL SKILLS**

List here any office skills you have with computers or accounting. List specific programs or positions.

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If the applicant believes the need to be reasonably accommodated under the Americans with Disabilities ACT (ADA), please let that be known to the agency. I also realize by SOLO accepting my application that it does not mean that I have been hired. SOLO is an EOE. All employees are hired as "AT WILL" employment. All applications are accepted, a Central Registry is completed, prior employment, references and criminal records are verified. If all is acceptable, then an interview will follow. This process normally does take a minimum of one week.

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in this application are true and correct.

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

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**VERIFICATION AUTHORIZATION**

All positions applying for through SOLO require a Central Registry check, a criminal background check through ADOT, verified prior employment, we do use E-Verify and submit your information to the State of AZ as well as a drug test prior to full hire.

SOLO will be verifying personal references, your work history and do a basic criminal record check. We will be asking questions on personal conduct, your ethics and character. By signing below, I hereby authorize SOLO to conduct such investigations deemed necessary for to be hired by SOLO of America.

I authorize all persons whom have been written as references and/or my prior employment locations to disclose information as necessary for verification to SOLO of America for potential employment.

I release all persons from liability of account of such disclosure. I understand that falsification, misrepresentation or omission of pertinent facts are to be grounds for immediate termination. If I am unable to meet or obtain all necessary employment requirements, I understand it will be cause for immediate termination.

I am aware that Arizona is a "Right to Work" state and I will be working "At Will". I also authorize that a copy of this form will serve as permission for persons/entities to provide information as listed on the employment application.

Write your name then sign after on line below.

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

This application received by: \_\_\_\_\_ Date: \_\_\_\_\_



SOLO OF AMERICA

P. O. Box 6759, Kingman, AZ, 86402-6759  
(928) 681-2891 Fax (928) 681-3430 soloofamerica@gmail.com

**ADDENDUM TO EMPLOYMENT APPLICATION  
REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information.

The information contained in the Central Registry for Background Check and any attached files shall be used as one factor to determine qualifications for persons applying for contracts with this state, including employees of SOLO, for positions that provide direct service to individuals through SOLO. The information contained in the Central Registry for Background Check and any attached files are confidential and shall not be further disseminated or shared.

**YOU MUST CLEAR THE CENTRAL REGISTRY BEFORE YOU CAN BE HIRED.**

Fill out the below information correctly and fully. Sign where indicated. By signing, you are giving us permission to have the Central Registry be checked for any information regarding any charges current or prior against you. This is not the complete background check for the fingerprint clearance which is also required and done at time of hire if hired.

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
FIRST MIDDLE LAST

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

OTHER NAMES USED, including Aliases, Maiden Names, Nick Names:

\_\_\_\_\_  
Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line:

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Company Requesting Background Check - SOLO Contract # 06091  
Phone Number: 928-681-2891 Contact: Donna Krogel Human Resource Coordinator  
Address: P.O. Box 6759, Kingman, AZ 86402-6759 Fax #: 928-681-3430  
e-mail address: [soloofamerica@gmail.com](mailto:soloofamerica@gmail.com) Web site: soloofamerica.org

**Inquiry Request #:** \_\_\_\_\_

\*\*\*\*\*To be filled out by SOLO\*\*\*\*\*

Request Sent Date: \_\_\_\_\_ Date Received Response: \_\_\_\_\_ Hirable: Y N  
Fax: 1-602-542-8193 e-mail: [DDDContractsManager@azdes.gov](mailto:DDDContractsManager@azdes.gov)



Direct Service Central Registry Clearance Form

This form is only to be utilized by agencies contracted to supply AZDES divisions letter security sited below

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety (DCS) Child Abuse and Neglect Records (CPS/CR) required by Arizona State Law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment. All information on this form must be typed or printed. Any form that is missing information or containing information that is not legible will be returned to the requesting agency.

Employers: Return the completed form via secured email to DESCANRegistryChecks@azdcs.gov within 5 business days of hire. For the email subject line, please type your DES Division, and the Last Name, First Name of the person the search is conducted for. Example DDD Jones, Jane. One form per email. This form must remain confidential in the employee's file, and it is subject to audit.

Agency, Please Check Applicable DES Division From Your Agency Supports

- Division of Developmental Disability (DDD)
Division of Child Care (DCC)
Division of Employment Rehabilitation Services (DERS)
Division of Adult and Aging Services (DAAS)
Division of Community Assistance and Development (DCAD)
Division of Arizona Early Intervention Program (AZEIP)
Office of Procurement (OP)
Contract/Solicitation No. (Required)

Reason for Background Check

New Hire Rehire Volunteer Annual
Position Date Employed
Applicant/Employee Email (Required for Results) Contract/Solicitation No. (Required)

Requesting Agency Information

SOLO of America Melissa Saulnier Exec. Dir - HR
Agency/Vendor Name Representative Name Title
P.O. Box 6759 928-681-2891 928-681-3430
Mailing Address Phone No. Fax No.
Kingman AZ 86402 solohumanresource@gmail.com
City State ZIP Email (Required for Results)

Applicant Subject Information

Last Name First Name Middle Name/Initial Date of Birth Soc. Sec. No. Maiden Name

Previous Names, AKAs or Aliases

1 Last Name First Name Middle Name/Initial
2 Last Name First Name Middle Name/Initial

Current Address

Street Address City State ZIP Applicant/Employee Email Address (Required)

Have you lived at your current address for five (5) years or longer? Yes No

If no, five (5) years of residence history

1 Street Address City State ZIP Date From Date To
2 Street Address City State ZIP Date From Date To
3 Street Address City State ZIP Date From Date To

**Applicant Subject Information ~ continued**

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? .....  Yes  No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? .....  Yes  No

If yes:

What was the allegation(s)?

When was the investigation(s)?

Where was the investigation(s)?

If you wish to provide additional information please use space provided or attach additional documentation.

**Statement of Certification By Applicant/Employee**

By signing this form, I allow the Department of Child of Safety to report final findings of any DCS child abuse investigation for the Agency listed above. I attest under penalty of perjury, that the information provided is true, correct and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action. **Do not type Signatures!**

Applicant/Employee Signature (Pen or Digital Signatures with digital verification)

Date

**For Arizona DCS Central Registry Use Only**

Central Registry Results:  No Record Found

Request Received Date

Name of Staff Completing Search (Please Type)

Name of Staff Completing Search Signature

Date Checked

	Intake No.	Central Registry Exception Approved (Y/N) ONLY applies to Disqualifying Act results)	Central Registry Exception Date
Disqualifying	<input type="checkbox"/>		
Disqualifying	<input type="checkbox"/>		
Disqualifying	<input type="checkbox"/>		
Non-Disqualifying	<input type="checkbox"/>		
Non-Disqualifying	<input type="checkbox"/>		
Non-Disqualifying	<input type="checkbox"/>		
Non-Disqualifying	<input type="checkbox"/>		
Non-Disqualifying	<input type="checkbox"/>		



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.