

EMPLOYMENT APPLICATION

APPLICANT INFORMATION							
Which ITC office are you applying to?	East		Central		West		Date:
How Did You Hear About Us?							
Last Name:		First Name and Middle Initial:			Maiden/Alias:		
Street Address:					Apartment/Unit #:		
City:		State Abbreviation:			Zip:		
Home Phone:			Email Address:				
Cell Phone:			Date of Birth:		SS #:		
Date You Can Start:		Wage Desired:		Available:	Afternoons	Evenings	Weekends
Emergency Contact:		Relationship:			Phone:		
Emergency Contact Address:					Apartment/Unit #:		
City:		State Abbreviation:			Zip:		

Y	N	PLEASE ANSWER EACH QUESTION HONESTLY	If Yes	
		Have you ever been convicted of a felony and/or misdemeanor?	What/When:	
		Are you eligible to work in the U.S.?	Document #:	
		Do you speak other languages in addition to English?	What Language(s):	
		Do you have any physical conditions that restrict you to lift or do any physical work?	What:	
		Are you employed now?	Where:	
		Have you ever been employed by this company before?	When:	
		Do you have a current CPR card?	Expiration date:	
		Do you have a current First Aid card?	Expiration date:	
		Do you have a valid Fingerprint Clearance Card?	FPCC #:	
		Do you have a current Article 9 certificate?	Expiration date:	
		Do you have a current Prevention & Support certificate?	Expiration date:	
		Do you have a current DCW training (Principles of Caregiving)?	With what agency:	
		Do you have any experience with individuals with disabilities or the elderly?		
		Are you at least 18 years of age or older?		
		Do you have reliable transportation?		
		Are you willing and able to transport members in your own personal vehicle?		
		Can you work in a smoking environment?		
		Are you willing to work in a household with pets?		

EDUCATION				Y	N	
High School	Name:	Years Complete:	Graduate?			Degree:
College	Name:	Years Complete:	Graduate?			Degree:
Other	Name:	Years Complete:	Graduate?			Degree:

PREVIOUS EMPLOYMENT (Most Recent First)	
Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: to
Wage:	Reason for Leaving:

Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: to
Wage:	Reason for Leaving:

Company Name:	Phone:
Address:	Contact Person:
Your Position:	Dates Worked: to
Wage:	Reason for Leaving:

REFERENCES (Do Not List Relatives)			
Name:	Phone:	Relationship:	Years Known:
Name:	Phone:	Relationship:	Years Known:
Name:	Phone:	Relationship:	Years Known:

I authorize investigation of all statements contained in this application and I understand that a criminal background and motor vehicle report will be requested. I further understand that any misrepresentation or omission of facts called for in this application is cause for dismissal. If I am accepted for employment with this agency, I agree to abide by all company policies and procedures and I understand that I may be terminated for not complying with them

Signature:	Date:
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ITC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, gender identity, or any other basis prohibited by federal or state law.

AVAILABILITY QUESTIONNAIRE

EMPLOYEE INFORMATION	
Last Name:	First Name:

ENTER TIMES THAT YOU ARE AVAILABLE							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Y	N	PLEASE ANSWER EACH QUESTION
		Are you willing to be available for emergencies/last-minute calls or on-call situations?
		Do you drive your own car? If no, what is your method of transportation:
		How many miles are you willing to travel? Miles:
		Will you work with aggressive and/or behaviorally challenged person?
		Are you physically able to lift and transfer persons (up to 40 lbs.)?

Y	N	WHAT AGE GROUP DO YOU PREFER TO SERVE	Y	N	CHECK ALL SERVICES YOU WOULD LIKE TO PROVIDE
		School Age			(ADH) Adult Developmental Home
		Adolescents			(ATC) Attendant Care
		Young Adults			(DTA, DTT, DTS) Day Program
		Adults			(HAH) Habilitation
		Elderly			(HSK) Housekeeping
Y	N	ADDITIONAL TRAININGS I'M INTERESTED IN			(PEC) Personal Care
		Prevention & Support			(PP1) Private Pay Services
		Habilitation			(RSP) Respite

Employee Signature:	Date:
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REQUIREMENTS FOR EMPLOYMENT

In consideration of ITC conditionally agreeing to employ me in a position to perform services, by signing below, I hereby acknowledge that I have completely read and fully understand the Requirement for Employment:

1. EMPLOYMENT RELATIONSHIP BETWEEN ITC AND THE EMPLOYEE

I understand that:

- A. This Employee Agreement is not a contract of employment. Employment is "at will". This means your employment may be terminated or you may terminate employment, with or without cause, at any time. This paragraph is the only source of information which defines or describes the terms of your employment with ITC. Nothing else may serve that purpose.
- B. ITC employees are not authorized to work over 40 hours in a work week without prior written authorization.
- C. Working for ITC means temporary assignments including frequent changes in my schedule. I understand that assignments are made on an "as-needed" basis and that there is no guaranteed minimum number of assignments, number of hours per assignment, or number of hours per week.
- D. If I desire additional work, I am responsible to communicate my availability to my supervisor.
- E. I can accept or refuse job assignments.
- F. I am required to request relief from an assignment at least **forty-eight (48) hours** before the assignment is scheduled to begin, except in the case of an emergency.
- G. I understand that ITC will make reasonable efforts to arrange relief when requested, but my request for relief may not always be granted.
- H. My failure to show up for an assignment without notifying ITC and speaking with a supervisor may result in disciplinary action, up to and including termination.
- I. I am subject to federal and state withholding taxes and social security tax.
- J. ITC offers Health Insurance and Sick Leave to employees that qualify.
- K. I am not paid for travel time/expenses or for working unauthorized time (only specified authorized hours will be paid).
- L. I will submit my Timecards/Habilitation Progress Notes by the deadlines identified on the Pay Schedule to assure I will be compensated as scheduled twice per month.
- M. All employees using their personal car for pre-approved ITC purposes must carry minimum liability and property damage insurance required by this State, and must be an ITC certified driver.
- N. The max amount of respite (RSP) a member receives in a day is 11.75 hours. If you provide 12 or more hours of respite (RSP) in a calendar day, you may be paid a day rate (RSD). Contact your supervisor for details.
- O. Services are to be done in the member's home, in the community, or at a state certified location.

2. REQUIREMENTS FOR INITIAL AND CONTINUED EMPLOYMENT

I agree to:

- A. Obtain and maintain a Class 1 fingerprint clearance card.
- B. Keep member information confidential and discuss only with authorized ITC personnel.
- C. Maintain a working phone or other means of communication.
- D. Maintain consistent and reliable transportation.
- E. Maintain current certifications, licenses and other documentation required for employment, including TB testing as required by certain funding sources.
- F. Immediately report all observed or alleged instances of abuse or neglect to supervisor verbally and, when required, in writing and by calling the ITC office, available 24 hours
- G. Submit required documentation by time specified.

3. NON-COMPETE AGREEMENT

- A. I agree to inform my supervisor of any situation where I intend to provide services to an ITC member outside of my employment with ITC.
- B. I will not participate in any effort to become an independent contractor for an ITC member.
- C. I will not participate in any effort to transfer a member to another provider agency without my supervisor's permission

4. GENERAL CONDITIONS OF EMPLOYMENT

- A. I have never abused, neglected, sexually assaulted, or exploited any person. I have never subjected any person to serious injury because of intentional or negligent misconduct. I have made no false statements to ITC concerning my qualifications.
- B. I understand that providing false information on a time card means that I am committing theft against ITC and the person served and will result in my immediate termination. I further understand that falsifying any records means that I am committing fraud and that ITC will take criminal action against me.
- C. I must comply with service specifications of the job assigned, i.e., attendant care, habilitation, personal care, respite and housekeeping.
- D. I agree to implement each member's support plan.
- E. I understand and agree that corporal punishment, psychological abuse, verbal abuse or seclusion will never be employed at any time.
- F. I agree to maintain and keep current, appropriate records of all services provided to members.
 - i. I agree to report to my supervisor if any of the following conditions are noted:
 - ii. Unsafe or unsanitary living conditions.
 - iii. Deterioration in the member's abilities, moods or levels of understanding.
- G. Appropriate or needed equipment is either not available or not functioning properly.
- H. I agree to take steps to enhance the human dignity of the person to whom services are being provided by speaking to the individual in a manner which is respectful and appropriate to his/her age, and refrain from speaking about the individual to others without including the individual in the conversation when he/she is present.
- I. I agree to deliver services in a manner that respects each member's right to dignity and privacy.
- J. I agree to deliver services in a manner that encourages and enhances self-sufficiency.
- K. I agree to notify ITC of any change in name, address, telephone number or other information, which might affect the provision of service.

5. CONDITIONAL OFFER OF EMPLOYMENT

- A. I have participated in ITC's training program, during which I have been instructed on how to contact ITC personnel and have been given a copy of ITC Employee Handbook. I have read the Manual and I have been given the opportunity to ask questions about its content. I acknowledge that I have read and received a copy of this agreement, which I understand legally obligates me to perform under the conditions included here.
- B. I understand that this agreement may be terminated at any time by either party.
- C. I understand that this conditional offer of employment is contingent upon my being able to perform the essential functions of the position and completing all trainings.

Employee Signature:

Date:



Hiring Manager: Trey Odom
759 N Lindsay Rd. Mesa, AZ 85213
Ph: (480) 969-5480 Fx: (480) 969-5512
Email: TreyO@ITC-AZ.com

Required Certifications for working with DDD in Arizona:

Needed before interview

- CPR
- First Aid
- Fingerprint Clearance Card

To be scheduled after interview

- Article 9 – certification showing you know the rights of the individual

These classes may be taken through:

- Heart Savers (480) 998-5193 or heartsaversinc.com
- Practical Training Solutions (602) 680-7950 or practicaltrainingsolutions.net
- www.nationalecprfoundation.com
- or other authorized vendors

These courses vary in cost by class and company. Please **contact them**, attend class, pass and receive certification and bring to your scheduled appointment with your completed application and documentations.

A **Fingerprint Clearance Card** is also **required** and can be acquired through visiting the Arizona Department of public safety website at www.aps.gemalto.com and begin the completing the electronic application and scheduling an appointment to have their fingerprints electronically “live scanned” at participating vendors state-wide. fingerprint clearance card application fee is \$75.25.

If you already have this document, please bring to your appointment with your completed application.

If you have had these certifications previously but they are no longer current, please update and re-certify so we are able to place you with a member as soon as possible.

- **Other Documentation needed for work for ITC:**
- 2 valid forms of I.D. (driver’s license or state I.D., social security card, or any document needed to work in the U.S.)
- 3 reference forms filled out completely. (2 must be work references and 1 a character reference by a NON RELATION) These are a requirement of the state of Arizona.
- Current Registration and Insurance for any vehicle you will be using to transport a member
- Direct Deposit print out from your bank or voided check to set up Direct Deposit for your pay.

Thank you for your interest in working with our company. We are happy that you have chosen ITC Personal In-Home Care, LLC for your work with people with Developmental Disabilities.

The Department of Developmental Disabilities (DDD) under the direction of Arizona’s Department of Economic Securities (DES) requires certain trainings, certifications, and background/security clearances to work HCBS services in the state of Arizona.

ITC-AZ.com

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