

INSTRUCTIONS: PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, age, disability, sexual preference, veteran's status, or genetics.

The Opportunity Tree is subject to certain nondiscrimination recordkeeping and reporting requirements, which require The Opportunity Tree to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those, which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires The Opportunity Tree to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify you may mark the boxes that apply presented below.

Applicant Information		
Name	Date	
Position Applied For		
Self-Identification		
Please check all that apply (see the next page for definitions)		
Race or Ethnic Identity	Gender	Veteran Status

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		
<input type="checkbox"/> Asian (not Hispanic or Latino)		
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		
<input type="checkbox"/> I do not wish to self-identify Signature: _____		

EEO Race/Ethnic Identification Categories and Definitions

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino)

All persons who identify with more than one of the above six races.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.



The Opportunity Tree Employment Application

The Opportunity Tree provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age disability, sexual preference, veteran's status, or genetics as defined by law. The Opportunity Tree is a **DRUG FREE WORKPLACE**.

Fill out the application completely. **DO NOT** leave questions blank. Incomplete applications may not be considered. Print "N/A" for any questions that are not applicable. A resume will not be accepted in lieu of an application but may be attached as supplemental information.

Personal/General Information

Full
Name:

(Last)

(First)

(Middle)

Social Security Number

Address:

(House # & Street)

(City & State)

(Zip)

()

Phone Number

Email address:

()

Alternate Phone Number

Employment Desired

Position applying
for:

Wage/Salary Desired: _____

Preferred location:

Phoenix

Casa Grande

Maricopa

Please list your available times for each day below:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you age 18 or older?

Yes No

Do you have reliable transportation to get to work?

Yes No

(If you are not the age of 18 or older, due to the nature of our business, state law prohibits us to hire you.)

Have you ever worked for The Opportunity Tree? Yes No If yes, indicate dates:

How did hear about The Opportunity Tree?

Current Employee:

Former Employee:

Name of Website:

Walk In/Sign Outside

Other (Please indicate source):

Employment History

May we contact your present employer?

Yes No

Include all employment both full and part time. Employment history should include each position held even those with the same employer. The employer address must be given including the zip code. Give a brief summary of the type of experience you had at each job and any managerial experience including the number of employees you supervised at each job, if applicable. A specific reason for leaving each job is mandatory. Start with your most recent job and work backwards toward your first job. **NOTE:** All periods of unemployment and gaps in employment periods must be explained. Indicate periods of Military Service if applicable. You may ask for a separate sheet of paper or use the back of this application if you need additional space to provide information about your employment history.

Employer Name:	Position/Title:	Start Date:
Supervisor Name:	Phone Number:	End Date:
Mailing Address:	City/State/Zip:	Last Hourly Rate of Pay: \$ _____
Summary of Job Experience:		Reason for Leaving:

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Employer Name:	Position/Title:	Start Date:
Supervisor Name:	Phone Number:	End Date:
Mailing Address:	City/State/Zip:	Last Hourly Rate of Pay: \$ _____
Summary of Job Experience:		Reason for Leaving:

Employer Name:	Position/Title:	Start Date:
Supervisor Name:	Phone Number:	End Date:
Mailing Address:	City/State/Zip:	Last Hourly Rate of Pay: \$ _____
Summary of Job Experience:		Reason for Leaving:

Employer Name:	Position/Title:	Start Date:
Supervisor Name:	Phone Number:	End Date:
Mailing Address:	City/State/Zip:	Last Hourly Rate of Pay: \$ _____
Summary of Job Experience:		Reason for Leaving:

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References

List references to include two professional references. **Do not include relatives.**

NAME	ADDRESS & PHONE	OCCUPATION	YEARS KNOWN
1.			
2.			
3.			
4.			

Educational Record

Did you graduate from High School or receive a GED? Yes No

If no, what was the highest grade completed?

Type of School	Name and Location	Did you Graduate?	Clock Hours Completed?	Type of Diploma or Degree	Major/Minor Field of Study
High School					
College or University					
Graduate School					
Technical School					

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and or registrations.

Job Requirements: Requirements to perform the essential job functions may include: ability to lift/transfer a minimum of 40 pounds, bend, kneel, stoop, reach/reach overhead, walk/stand and/or sit for extended periods, finger/hand/wrist dexterity to eye, and read, write, speak and understand English.

Direct care staff provides support to individuals, including lifting/transferring with a mechanical lift, with the assistance of another staff, or by one's self of Members with various weights, on a regular basis.

The Members depend on our employees to support them, especially those who are non-ambulatory.

The Opportunity Tree requires an employee to be alert at all times to potential unsafe conditions and be able to respond to emergency situations.

Can you perform these essential functions of the job with or without a reasonable accommodation?

Yes No

Supplemental Information

The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by The Opportunity Tree, or if you must use your own vehicle for Company purposes. If this page does not apply to you, draw a line through this section. If you are not sure if driving would apply to the position you are applying, please ask the intake employee at the time you are completing this application. It is policy that you must provide a 39 month Arizona Motor Vehicle Record if the position requires driving for The Opportunity Tree business

Driver License Number:	State Issued:	Expiration Date:
Has your license ever been suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the date and detailed reason:		
Have you been involved in a vehicle accident of any type within the past three (3) years? <input type="checkbox"/>		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

If yes, provide date(s), nature and severity of the accident(s):

List traffic citations you have received during the past five (5) years preceding the date of this application, and state the final disposition of each, such as “dismissed”, “paid fine”, “defensive driving”, etc.

Date of Violation	Type of Violation	Disposition or What you did about it

If you have **EVER** been convicted of driving while intoxicated or under the influence of drugs or alcohol, explain fully, including date, county and court, type of conviction and disposition below:

Please read carefully:

I understand that my employment is dependent upon receipt by The Opportunity Tree of satisfactory references, attendance at employee orientation/training, and satisfactory submittal of required documents. If employs me, I agree to provide acceptable proof of age. If The Opportunity Tree employees me, I agree to abide by the policies, procedures, and regulations of The Opportunity Tree.

I affirm that all information provided in this application or upon my employment is true and correct. I understand that false information (misrepresentation or omission of information) is basis for disqualification or dismissal of employment. I authorize the investigation of all statements contained herein. If I am employed, I understand that my employment is “AT-WILL” and for no definite period of time. I further understand that my employment is “AT WILL” regardless of any statement made by an

The Opportunity Tree representative, policy, practice, handbook, program, or any written material or oral statement. The Opportunity Tree or I may terminate my employment at any time, with or without notice, with or without cause.

Authority to work in the United States: It is The Opportunity Tree's intention to only hire legally authorized workers. In compliance with the Immigration Reform and Control Act of 1996, all employees hired after November 6, 1986 are required to provide proof of identity and employment eligibility at the time employment is extended but no later than the third day of employment.

Print
Name: _____

Signature: _____

Date: _____

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Level One Fingerprint Card Acknowledgement

Pursuant to A.R. S. § 36-594.01, all employees of The Opportunity Tree must possess a Level One Fingerprint Clearance Card.

A person applying for employment with The Opportunity Tree may submit a valid Level One Fingerprint Clearance Card for The Opportunity Tree to copy for the employee personnel file.

Should the submitted Level One Fingerprint Clearance Card have an expiration date within six (6) months of the date of hire, it will be required for an Application for Level One Fingerprint Clearance Card to be completed by the newly hired employee.

Should a person applying for employment with The Opportunity Tree be hired and not have a Level One Fingerprint Clearance Card, the newly hired employee will be required to complete an Application for Level One Fingerprint Clearance Card.

The Opportunity Tree will provide an Application for Level One Fingerprint Clearance Card, a fingerprint card, and a list of fingerprinting locations.

Acknowledgment:

I acknowledge, that should I be hired for employment by The Opportunity Tree, and be required to complete a Level One Fingerprint Clearance Card, I will do so and submit all required documents to The Opportunity Tree for processing within seven (7) business from my date of hire.

I acknowledge that I bear the cost of any fees associated with any fingerprinting location.

I acknowledge that The Opportunity Tree will submit the application and fingerprint card for processing and the fee for such processing will be deducted from my initial paycheck. The processing fee is \$67.00.

I acknowledge that within three (3) business days from the day I receive the Level One Fingerprint Clearance Card by mail, I will submit the Level One Fingerprint Clearance Card for The Opportunity Tree to copy for my employee personnel file.

I acknowledge that it is my responsibility to maintain the Level One Fingerprint Clearance as valid should I be hired for employment by The Opportunity Tree.

Name: _____

(Print)

Signature: _____

Date: _____

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List of Excluded Individuals and Entities Acknowledgment

You have applied for a position with The Opportunity Tree, which is funded in part by federal monies therefore The Opportunity Tree is required to complete a List of Excluded Individuals and Entities (LEIE) check for every applicant. The LEIE checks are completed through the Office of the Inspector General within the U.S. Department of Health and Human Services and the System for Award Management (SAM) for the state of Arizona.

L a s t : F i r s t : M i d d l e :

Social Security Number: _____

- I acknowledge that The Opportunity Tree will complete two LEIE checks through the Office of the Inspector General within the U.S. Department of Health and Human Services and the System for Award Management (SAM) for the state of Arizona regarding my application with the company. I understand that if any negative results occur, The Opportunity Tree cannot hire me.
- Should I be hired by The Opportunity Tree, I acknowledge that The Opportunity Tree will complete the two LEIE checks regarding my employment with the company on a monthly basis through the Office of the Inspector General within the U.S. Department of Health and Human Services and the System for Award Management (SAM) for the state of Arizona. I understand that if any negative results occur, I cannot continue employment with The Opportunity Tree.

Applicant Name: _____

(Print)

Applicant _____
Signature:

Date: _____

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