CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

Employment Application

It is the policy of Civitan Foundation, Inc. to provide equal opportunity in employment. Selection and employment of applicants shall be made on the basis of their qualifications, without regard for disability, national origin, race, color, religion or sex.

Applicant Information:

Position Applying for: _____ Direct Care Provider
(Respite, Habilitation, Attendant Care)

Last Name	First Name	Middle Initial

Street	City	State	Zip Code

Home Phone	Cell Phone

Social Security Number	Email

Please indicate how you learned about this job opening (mark all that apply):

- ☐ Friend (please list name) _____
- ☐ Flyer (please list location) _____
- ☐ Website (please list address) _____
- ☐ Newspaper (please list name) _____
- ☐ Other (please describe) _____

Scheduled desired: ☐ Full-time ☐ Part-time	Have you ever been employed with Civitan Foundation? ☐ Yes ☐ No If yes, when? _____
Do you have a valid Arizona Driver's License? ☐ Yes ☐ No	Are you fluent in any languages other than English? ☐ Yes ☐ No If yes, which? _____

Have you ever been employed under another name?
☐ Yes ☐ No If yes, please list: _____

What is your availability?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Location(s) desired: ☐ Phoenix Metro Area ☐ Tucson ☐ Flagstaff ☐ Other
_____(we do have positions available statewide)

CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

Education:

Name of Institution	Location (city/state)	Degree Completed Y/N	Type of Degree Awarded	Major	Number of Credits Completed
High School					
College (Undergraduate)					
College (Graduate)					
Other					

Work History: (Start with your most recent employer)

Date Started	Company:	May we contact this employer? ☐Yes ☐No
	Address:	Phone:
Salary $	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary $	Reason for leaving:	
Date Started	Company:	May we contact this employer? ☐Yes ☐No
	Address:	Phone:
Salary $	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary $	Reason for leaving:	
Date Started	Company:	May we contact this employer? ☐Yes ☐No
	Address:	Phone:
Salary $	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary $	Reason for leaving:	
Date Started	Company:	May we contact this employer? ☐Yes ☐No
	Address:	Phone:
Salary $	Job Title:	Supervisor:
Date Left	Describe duties performed:	
Salary $	Reason for leaving:	

CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

Emergency Information:

Insurance Company	Policy Number
Billing Address	Contact Number

Emergency Contact #1 Name	Relation
Address	City/State/Zip Code
Day Phone	Cell Phone
Emergency Contact #2 Name	Relation
Address	City/State/Zip Code
Day Phone	Cell Phone

Requirements:

Are you over 18 years old? ☐Yes ☐No

Do you have the legal right to work in the U.S.? ☐Yes ☐No

Can you obtain three letters of recommendation? ☐Yes ☐No

To the best of your knowledge, are you able to pass fingerprint clearance? ☐Yes ☐No

If you answered NO to any of the above questions, please submit application and call our office at 602-953-2944.

The information requested below is needed for a legally permissible reason. The Civitan Foundation, Inc. does not discriminate in its employment practices of race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability or medical condition.

1. I understand that, dependent upon job assignments, Agency employees are fingerprinted and need to be cleaned by DES Office of Investigations.
2. If accepted, I agree to be governed and abide by all Agency rules and regulations.
3. I authorize inquiry with regard to my character, ability, and habits of any and all persons, and agree to hold such person harmless with respect to any information that they may give.
4. I certify that all answers to the questions on this application are true and I understand that any misstatement or omission of facts may disqualify me or be cause for dismissal.
5. I understand that any employment offered is for an indefinite duration, at will, and that Civitan Foundation, Inc. may terminate my employment at any time with lawful cause.

Applicant Signature: _____ Date: _____