



ASSISTANCE WITH THE HIRING PROCESS: Any applicant who needs reasonable accommodation in any step of the hiring process should ask the Member or their Representative (employer) and/or Consumer Direct.

Applicant Contact Information

Name: _____
Last First Middle

Mailing Address: _____
Street
City State Zip

Phone Numbers: _____
Home Work Cell Fax

Email: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact: _____
Name Phone

How do you want to be contacted? Phone Email Mail

Physical Capacity - ACWs may be called upon to perform physically demanding work in the performance of their duties. A typical ACW position will involve a variety of physical requirements, including the ability to:

- Lift 75 pounds
- Push 75 pounds
- Pull 50 pounds
- Grasp, hold, or manipulate objects with hands
- Kneel
- Bend
- Squat
- Sit
- Stand
- Walk
- Overhead reach
- Reach
- Twist

Are you able to perform the above physical tasks? Yes No

Please explain any exceptions:

Criminal History

Have you ever committed a felony? Yes No

Do you have a criminal record? Yes No If yes, explain:





SELF-DIRECTED ATTENDANT CARE
EMPLOYEE DATA FORM

Please Read Carefully

Neither the acceptance of this data form nor entry into any type of employment relationship or employment agreement with a Member for the consideration of employment shall serve to create an actual or implied contract of employment with Arizona Consumer Direct Personal Care, LLC doing business as Consumer Direct Care Network Arizona (Consumer Direct).

I authorize investigation of all statements provided to the Member or contained in this data form. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without notice. I hereby give my Member permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release my member from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that we may request an investigative consumer report from a consumer reporting agency, including information on your background, as deemed necessary. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I understand that I may begin working once I have received written authorization (Okay to Work Form) from Consumer Direct. If applicable and requested, employment remains conditional until the results of the criminal background check have been received and approved.

Signature of Applicant: _____ **Date:** _____

