



AR Complete HomeCare, Inc.

North Las Vegas, NV 89081  
Tel: (702) 743-1358  
Fax: (702) 359-4623  
Email: arcompletehomecare11@outlook.com

*An Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

**\*\*\*\*\*ATTENTION\*\*\***

***AFTER COMPLETING THE APPLICATION ONLINE, SAVE AND SEND TO EMAIL ADDRESS ABOVE***

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the office to which you are applying.

**(BLACK INK ONLY)**

Position applied For:	<input type="text"/>	Date:	<input type="text"/>
Full Legal Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Phone #:	<input type="text"/>		
Email:	<input type="text"/>		
Other Names Used:	<input type="text"/>		

**General Information:**

Referral Source:   Advertisement  Employee  Friend  
 Relative  Other

Date Available for Work   Full Time  Part Time  Temporary

Days Available to Work:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Shift Available to Work  Day  Evening  Overnight

*Email completed application to: arcompletehomecare11@outlook.com*

Have you ever been employed by ARCHC before?  Yes  No If Yes, please provide dates

and positions

Are you legally eligible for employment in the United States  
(Proof of citizenship or immigration status will be required upon employment)

Yes  No

Some jobs require employees to be 18 yrs of age or older. Do you meet this requirement?  
If not, can you provide a work permit?

Yes  No  
 Yes  No

Have you ever been convicted of a misdemeanor or felony in any jurisdiction?  
(Convictions do not necessarily disqualify applicant from employment)

Yes  No

If convicted, please explain:

Have you ever been the subject of a substantiated allegation of abuse?

Yes  No

Do you have a valid Driver's License?  Yes  No If yes, please provide information below:

State of Issue:

License#

Exp. Date:

Have you ever been convicted of any moving violations, including but not limited to, alcohol and drug related offenses? You must include any suspension, revocation or any occurrence involving harm to persons or property while driving. If so, please explain.

Do you speak another language other than English?  Yes  No Language

**Education:**

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma?  Yes  No

Number of years of post high school education: 2 3 4 5 6 7

Name and Address of Institution	Degree Received	Major	Dates Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

Please list other applicable certificates, certifications or training: (ex; MEDICAL CODING & BILLING)

**Employment History:**

Start with the most recent or present job. We may contact your last two places of employment. List complete information for all fields.

1. Job Title:  Duties:

Employer:

Address:

Phone:  Fax:

Immediate Supervisor:

Start Date:  End Date:  Start Pay:  End Pay:

Reason for leaving:

2. Job Title:  Duties:

Employer:

Address:

Phone:  Fax:

Immediate Supervisor:

Start Date:  End Date:  Start Pay:  End Pay:

Reason for leaving:

3. Job Title:  Duties

Employer:

Address:

Phone:  Fax:

Immediate Supervisor:

Start Date:  End Date:  Start Pay:  End Pay:

Reason for leaving:

Summarize any special skills and qualifications gained from employment or other experience.

We may contact the employers listed above unless you indicate those you do not want us to contact. Please list the employer and the reason below:

## EMPLOYMENT VERIFICATION

I, , authorize the employer named below to release the  
(First and Last Name)  
requested information to AR Complete HomeCare, Inc. I also release the employer from any and all liability  
resulting from the release of such information. I also understand that the employer, if directed by the court, may  
release other information.

Position Applied for:

Applicant Signature: check if digital signature

Social Security Number:  -  -

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### FOR OFFICE USE ONLY

To:  Tel  Fax  (check one)   
(Name of previous or current employer)

From: AR Complete HomeCare, Inc.  
Phone: (702) 743-1358 / Fax: (702) 359-4623

Re:

We would like to verify employment for the above named person who has applied for employment with our  
company. In order for us to process this application, we would like to ask you to complete this form and send back  
as soon as possible

Attention Human Resources:

	Comments	Additional Comments
Currently Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
If No, would you rehire this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Dates of Employment	<input type="text"/>	<input type="text"/>
Position Held	<input type="text"/>	<input type="text"/>

Rep. Signature  Printed Name/Title:

Date:  Time

ARCHC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Rep. Signature  Printed Name/Title:

Date:  Time

ARCHC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Rep. Signature  Printed Name/Title:

Date:  Time

**ARCHC Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personal References:**

Please provide at least two **professional** references who can attest to your character, reputation and personal qualifications. **Please provide all information.**

1. Name:

Phone:

Address:

Relationship:

# of years known:

FOR OFFICE USE

a) Does said person have an honest reputation? Yes No

b) Is said person dependable? Yes No

c) Would you recommend said person to work with the elderly or disabled? Yes No

ARCHC Rep Name:

Signature:

Date:

Time of call:

2. Name:

Phone:

Address:

Relationship:

# of years known:

FOR OFFICE USE

a) Does said person have an honest reputation? Yes No

b) Is said person dependable? Yes No

c) Would you recommend said person to work with the elderly or disabled? Yes No

ARCHC Rep Name:

Signature:

Date:

Time of call:

3. Name:  Phone:

Address:

Relationship:

# of years known:

FOR OFFICE USE

a) Does said person have an honest reputation? Yes No

b) Is said person dependable? Yes No

c) Would you recommend said person to work with the elderly or disabled? Yes No

ARCHC Rep Name:

Signature:

Date:

Time of call: