



Checklist: New Hire Paperwork

Employee name: _____

Date of Birth: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Personal E-mail: _____

Date of hire: _____ Job title: _____

Full-Time or Part-time: _____ Wage: _____

Director/Supervisor : _____

- Drug test received and reviewed.
- Reference checks completed and filed.
- Position Offered
- Onboarding Complete
- E-mail/Kipu/Relias Setup
- Fingerprint Clearance Card Received and Verified
- Negative TB Screening received
- Job Description Received
- Education Received (Does not apply to kitchen)
- Resume Received
- CPR/First Aid Received (Does not apply to kitchen)
- Food Handler's Received (Only applies to kitchen)
- Orientation Scheduled
- I-9 document originals reviewed.

Received by: _____ Date: _____

Company Name: Residents at the Heights, LLC. dba Unhooked Recovery Power Road Date: _____

Application for Employment



APPLICATION FOR EMPLOYMENT

When completed, submit form with the button above

1 INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2 APPLICANT INFORMATION

Position(s) applied for: _____ Date of application: _____

Name:

Last _____ First: _____ M.I. _____ Other: _____

Address:

Street

City

State

Zip Code

Telephone #: _____ Other Phone #: _____ Email: _____

Are you under the age of 18? Yes No (**NOTE:** If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.)

Have you previously filed an application with this company? Yes No If yes, give date. _____

Have you previously been employed by this company? Yes No If yes, give date. _____

Telephone #: _____ Other Phone #: _____

Please list any relatives or friends who are employed at this work site and their relationship to you: _____

Do you have the legal right to work in the United States? Yes No Date available for work? _____

(NOTE: You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment)

Type of employment desired: Full-time Part-time Temporary Seasonal

Do you have a reliable means of transportation (which will enable you to be at work as required)? Yes No

Will you work overtime if asked? Yes No

If required, are you able to work evenings? Yes No

If required, are you available to travel? Yes No

Are there any hours, shifts or days you will not work? Yes No If yes, explain _____

AN EQUAL OPPORTUNITY EMPLOYER

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3 SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Other Languages: (Please indicate if read, written or spoken.) _____

Drivers License (only complete if required for position): Do you have a valid driver's license? Yes No

If yes, Driver's License #: _____ (Class: A B C D E) State _____ Expiration Date: _____

4 EDUCATION DATA

School	Print Name, Number and Street, City, State and Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Correspondence				

Honors received: _____

5 REFERENCES three individuals, not relatives whom you have known at least one (1) year.

Name and Address	Telephone	Years Known

6 EMPLOYMENT EXPERIENCE LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first).

Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

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Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Rate of Pay		Telephone Number
	Starting	Final	
Work Performed			
Reason for Leaving			

Please provide an explanation for any lapse of employment _____

Have you ever been dismissed or forced to resign from an employment? Yes No If yes, please explain. _____

APPLICATION FOR EMPLOYMENT

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APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

By submitting this application or other documents, I agree to conform to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company, or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation.

I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and myself.

- **Note:** Complete details of the Company's Drug Free Workplace Policy (if any) will be provided during the interview process.

THE COMPANY'S STATEMENT

The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.

The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, marital status or any other protected category.

Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

FAIR CREDIT REPORTING ACT NOTIFICATION

You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, promotion, reassignment or retention with the Company.

These reports may include information regarding your career experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies.

Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.

EMPLOYEE SIGNATURE:

Signature _____ Date: _____



Phone number 602-368-4771
 Fax number 888-974-1094
PERSONAL REFERENCE FORM

Personal References for: _____

Please give us the name and telephone number of three (3) Personal references.

#1 Name: _____ **Telephone #** (____) _____ - _____

Applicant – please do not write in this space

How do you know the applicant? _____ *How long have you known them?* _____ year _____ month

Is there anything you would like to share with us concerning this individual? _____

#2 Name: _____ **Telephone #** (____) _____ - _____

Applicant – please do not write in this space

How do you know the applicant? _____ *How long have you known them?* _____ year _____ month

Is there anything you would like to share with us concerning this individual? _____

#3 Name: _____ **Telephone #** (____) _____ - _____

Applicant – please do not write in this space

How do you know the applicant? _____ *How long have you known them?* _____ year _____ month

Is there anything you would like to share with us concerning this individual? _____

References Checked By: _____ Date: ____/____/____



215 S. Power Road #1251 Mesa, AZ 85206
Phone: 602-368-4471 Fax: 888-974-1094

EMPLOYMENT VERIFICATION FORM(Business Reference)

Name of Former Employer: _____ Former Employer Phone # _____

The applicant named below has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us to fax number 855-779-8917

Very truly yours,

Name of Applicant _____ Soc. Sec. No.: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish , with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Unhooked, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Printed Name of Applicant _____ Signature of Applicant _____

RECORD OF EMPLOYMENT

Date(s) of Employment: Start date ____ / ____ / ____ End Date: ____ / ____ / ____

Rates of Pay : Beginning rate: \$ _____ per _____ Ending rate \$ _____
per _____

Position(s) Held: Start _____ Ending: _____

Reason Employment Ended: _____

Additional Comments: _____

Please rate the Applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Avg.	Poor
Initiative	Excellent	Good	Average	Below Avg.	Poor
Attendance	Excellent	Good	Average	Below Avg.	Poor
Conduct	Excellent	Good	Average	Below Avg.	Poor

Would you rehire Applicant? ___ Yes ___ No

Signature _____ Title _____ Date _____