



APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Paradise Valley Estates. This application was designed to be used for all types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions. As you prepare to fill out this application, please realize that this community of people, both residents and staff, share a unique set of Core Values. These Core Values include: *live with passionate* **AUTHENTICITY**; **HONOR** *what you do and whom you serve*; *foster inspired* **COLLABORATION**; and **SERVICE** *before self*. These Core Values are the hallmark of our everyday actions, and are embodied in the everyday life and work within Paradise Valley Estates.

Personal Information:

Last Name (Please Print)	First	Middle	E Mail Address	Date
Present Address: Street			City/State/Zip	Home & Mobile Number

Are you at least 18 years of age? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.?

Yes No

Have you ever been convicted of a criminal offence (felony or serious misdemeanor)? - Convictions for marijuana related offenses that are more than two years old need not be listed. If yes, state the nature of the crime(s), when and where convicted, and disposition of the case. (**Please note** a conviction will not necessarily disqualify you from employment)

Yes No Crime: _____ Date: _____ Location: _____

Disposition of Case: _____

Education

School	Print Name, City & State for each School	No. of Years Completed	Did you graduate?	Degree or Diploma
High School				
College				
Graduate School				
Trade, Bus., Night Correspondence, or Other				

Do you have any other experience, training or qualifications or skills which you feel make you especially suited for work at P.V.E.? Yes No – If yes, please describe _____

Are you a veteran? Yes No

Please list any military skills/education that might help you in a position with PVE: _____

Will you work overtime if asked? Yes No

P.V.E. is a 365 day a year, 24 hour a day facility. Are you available to work holidays? Yes No

Are there any hours, shifts or days you will not work? Yes No

If yes, explain: _____

Do you have any friends, relatives or relations who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

Are you now employed? Yes No

Are you on a layoff? Yes No

Are you subject to recall? Yes No

Have you ever applied to, or been employed here before? Yes No

If yes, give date(s): _____

What position are you applying for? _____

Are you licensed/certified for the job applied for? Yes No

State Licensed/Certification Issued: _____ License/Certification #: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

Have you reviewed a job description for this position? Yes No

If you have reviewed the job description, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed: _____

Notice to Applicants: The Employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to a complete post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination, and all information will be kept confidential and in separate files.

Employment History: List below all present and past employment starting with your most recent employer (Last 10 years is sufficient). Account for all periods of unemployment.

Please do not omit information or substitute your resume for completing this application. If additional space is needed, list employment history on a separate page.

Employer	Dates Employed (From/To)		Type of Business
Street Address, City, State, Zip	Telephone No.	Job title	Hourly Rate/Salary
Work Performed	Immediate Supervisor		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving			

Employer	Dates Employed (From/To)		Type of Business
Street Address, City, State, Zip	Telephone No.	Job title	Hourly Rate/Salary
Work Performed	Immediate Supervisor		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving			

Employer	Dates Employed (From/To)		Type of Business
Street Address, City, State, Zip	Telephone No.	Job title	Hourly Rate/Salary
Work Performed	Immediate Supervisor		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for leaving			

Applicant's Statement

(Initial) PVE Criminal Background Checks Acknowledgement: It is the policy of PVE to conduct background checks on all job candidates post-offer (contingency offer). PVE uses a third-party administrator to conduct the background checks. The type of information collected by PVE is limited to criminal background checks only. This is completed through the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). PVE will ensure that all background checks are held in compliance with applicable federal and state statutes. PVE reserves the right to make the sole determination concerning information of any employment decision arising out of the background check. If an applicant attempts to withhold information or falsify information pertaining to previous convictions, the employee will be disqualified from further employment consideration and any position with the company due to falsification of an application. I acknowledge I have been provided this information prior to an offer of employment with PVE.

(Initial) I certify that my answers are true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I authorize the investigation of all matters contained in this application and give Paradise Valley Estates permission to contact schools, previous employers, references, and others, and release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if I am employed, any misrepresentations or omissions of facts called for in the application will be cause for dismissal at any time without any previous notice.

(Initial) I understand that my employment is for no specific term and may be terminated by me or the Employer with or without notice or cause at anytime. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

(Initial) Paradise Valley Estates conducts its business with the highest possible degree of safety and efficiency. Upon receipt of a conditional offer of employment, each applicant will be required to undergo a drug and alcohol screening, health and T.B. screening, and be fingerprinted for the purposes of a criminal background check.

Signature _____ Date _____

Paradise Valley Estates provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, gender identity, gender expression, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Paradise Valley Estates complies with applicable state and local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Paradise Valley Estates expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, gender identity, gender expression, sexual orientation, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Paradise Valley Estates' employees to perform their expected job duties is absolutely not tolerated.



REFERENCE CHECK AUTHORIZATION

I voluntarily consent to authorize Paradise Valley Estates or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, attendance, personal history, character, personality, disciplinary information, work history, and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Paradise Valley Estates.

I also hereby release Paradise Valley Estates from all liability for damages or claims – which may arise or result from my reference information gathered pursuant to this authorization.

I release all persons, companies, organizations or entities from liability for providing Paradise Valley Estates information about my educational background, attendance, personal history, character, personality, disciplinary information, work history, and reason for separation from former employment and/or any other information related to my employment with a previous employer.

Applicant Name (Please Print)

Applicant's Signature **Date**



CRIMINAL BACKGROUND CHECK AUTHORIZATION

As required by our state licensing board, it is the policy of Paradise Valley Estates (PVE) to conduct background checks on all job candidates, post-offer (contingency offer). The Company uses a third-party administrator to conduct the background checks. The type of the information collected by PVE is limited to criminal background checks only. This completed through the Department of Justice and the FBI.

The Company will ensure that all background checks are held in compliance with applicable federal and state statutes.

The Company reserves the right to make the sole determination concerning information of any employment decision arising out of the background check. PVE may not employ anyone who does not receive DSS authorization.

If an applicant attempts to withhold information or falsifies information pertaining to previous convictions, the employee will be disqualified from further employment consideration and any position with the Company due to falsification of an application.

I acknowledge that I have been provided this information prior to an offer of employment with Paradise Valley Estates.

Applicant Name (Please Print)

Applicants Signature

Date

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.