



SOLO of America  
 P. O. Box 6579 Kingman, AZ, 86402-6759  
 (928) 529-5048 Fax (928) 529-5108 soloofamerica@gmail.com

**EMPLOYMENT APPLICATION** CR# \_\_\_\_\_

SOLO provides services to persons with disabilities in all aspects of their daily life. You must answer all questions and complete all areas of the application. If any information is missing, we can't accept your application. Any omissions regarding prior employment/arrest/drug information will be cause to not process your application and if hired can lead to termination. As all employees must drive, you are required to have an AZ Driver's license, be over 21, and have current auto insurance and registration on your vehicle.

NAME: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
           Last                                  First                                  Middle Name

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you applied to, worked for or volunteered to SOLO before? No\_\_\_ Yes \_\_\_  
 If Yes - in what capacity and what dates? \_\_\_\_\_

If you have any felony convictions, domestic violence charges; child abuse, and/or drug arrests/convictions, - do not go any further with this application. We will be unable to hire you.

Have you ever been convicted of a felony? No\_\_\_ Yes \_\_\_

Do you have any criminal convictions or unresolved criminal matters? No\_\_\_ Yes \_\_\_

If yes, please explain listing reason, dates, and outcomes: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been denied a fingerprint clearance card? No\_\_\_ Yes\_\_\_

If yes, we will be unable to hire you at this time.

**Circle any of the below certifications that you have and that are current!**

DCW      CPR      FIRST AID      FINGERPRINT CLEARANCE      ARTICLE 9      P&S

Fingerprint Clearance is a must in this field. If hired, you will be required to pass the clearance.

Other Languages spoken / fluency? \_\_\_\_\_

What does the term "developmental disabilities" mean to you? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List your experience personally or on the job working with persons with disabilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 SHIFTS VARY – We provide services according to the client(s) needs. We are a 24 hour/365-day company. All employees are required to work the shifts as requested by families. Set weekly schedules are not guaranteed. We also provide overnight in-home services – all employees are required to work these shifts as well. When signing your application, you are acknowledging the varied schedules. Upon hire, you will be assigned overnights, weekends, weeknights – any shift as required by our clients and their family needs.



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**REFERENCES:** List 4 names of personal references that have known you at least 3 years. Do not list a relative or former employer/employee. **List full addresses & phone numbers for each contact.** References do not have to live in this area. If not filled out or in-accurate information, we will not continue with your application.

Name	Full Address/City/Zip	Relationship	Day Time Phone #
1.			
2.			
3.			
4.			

Read each of these questions fully before marking your answer!!!

The job you are applying for is demanding physically as well as emotionally.

Do you have any physical or medical limitations that would prevent you from physical activity, bathing individuals, lifting/transferring Individuals, running, kneeling, bending? No\_\_\_ Yes \_\_\_

As you will be required to provide transportation, if you are on any on-going Medication(s) that prevent you from driving or operating machinery, we cannot hire you.

Do you have any physical conditions or limitations that would prevent you from lifting clients, running, Playing on the floor, and/or standing for long periods of time. No\_\_\_ Yes \_\_\_

For insurance purposes, you will be transporting individuals - are you **over 21**? **No**\_\_\_ Yes \_\_\_

Have you had any accidents or been ticketed in the last five (5) years? No\_\_\_ Yes \_\_\_

Are you legally entitled to work in the United States No\_\_\_ Yes \_\_\_

<b>EDUCATION:</b> Name of School	Address/City/State	Grade Completed	Graduated Year Of	Years	Major / Degree Special
You must fill out all of the sections below - if they are not filled out then your application will be filled incomplete.					
High School					
Secondary School attended					
College or University					
Other Educational Training/Courses/Certifications?					



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**EMPLOYMENT HISTORY: LIST THE PAST 10 YEARS OF WORK EXPERIENCE.** If not filled out completely, the hiring process will be terminated. List most recent first. If needed, use a separate sheet of paper for additional work history.

Company: _____ Position Held: _____ _ Supervisor Name: _____ Department: _____ Address: _____ Phone # _____ Employment: Begin: _____ Ending: _____ May we contact this employer: Y N Duties and Responsibilities: _____ _____ Reason leaving company _____	Empl. Verified
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**OFFICE/ADMINISTRATION/MANAGERIAL SKILLS**

List here any office skills you have with computers or accounting. List specific programs or positions.



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If the applicant believes the need to be reasonably accommodated under the Americans with Disabilities ACT (ADA), please let that be known to the agency. I also realize by SOLO accepting my application that it does not mean that I have been hired. SOLO is an EOE. All employees are hired as **“AT WILL”** employment. All applications are accepted, a Central Registry is completed, prior employment, references and criminal records are verified. If all is acceptable, then an interview will follow. This process normally does take a minimum of one week.

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in this application are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**VERIFICATION AUTHORIZATION**

All positions applying for through SOLO require a Central Registry check, a criminal background check through ADOT, verified prior employment, we do use E-Verify and submit your information to the State of AZ as well as a drug test prior to full hire.

SOLO will be verifying personal references, your work history and do a basic criminal record check. We will be asking questions on personal conduct, your ethics and character. By signing below, I hereby authorize SOLO to conduct such investigations deemed necessary for to be hired by SOLO of America.

I authorize all persons whom have been written as references and/or my prior employment locations to disclose information as necessary for verification to SOLO of America for potential employment.

I release all persons from liability of account of such disclosure. I understand that falsification, misrepresentation or omission of pertinent facts are to be grounds for immediate termination. If I am unable to meet or obtain all necessary employment requirements, I understand it will be cause for immediate termination.

I am aware that Arizona is a “Right to Work” state and I will be working “At Will”. I also authorize that a copy of this form will serve as permission for persons/entities to provide information as listed on the employment application.

Write your name then sign after on line below.

\_\_\_\_\_ Date: \_\_\_\_\_

This application received by: \_\_\_\_\_ Date: \_\_\_\_\_



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**ADDENDUM TO EMPLOYMENT APPLICATION  
 REQUEST FOR SEARCH OF CENTRAL REGISTRY FOR BACKGROUND CHECK**

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this information in error, please notify the sender and destroy the information.

The information contained in the Central Registry for Background Check and any attached files shall be used as one factor to determine qualifications for persons applying for contracts with this state, including employees of SOLO, for positions that provide direct service to individuals through SOLO. The information contained in the Central Registry for Background Check and any attached files are confidential and shall not be further disseminated or shared.

**YOU MUST CLEAR THE CENTRAL REGISTRY BEFORE YOU CAN BE HIRED.**  
 Fill out the below information correctly and fully. Sign where indicated. By signing, you are giving us permission to have the Central Registry be checked for any information regarding any charges current or prior against you. This is not the complete background check for the fingerprint clearance which is also required and done at time of hire if hired.

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST MIDDLE LAST

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

OTHER NAMES USED, including Aliases, Maiden Names, Nick Names:

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line:

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Company Requesting Background Check - SOLO of America  
 Phone Number: 928-529-5048 Contact: Melissa Saulnier Human Resource  
 Address: P.O. Box 6759, Kingman, AZ 86402-6759 Fax #: 928-529-5108  
 e-mail address: [soloofamerica@gmail.com](mailto:soloofamerica@gmail.com) Web site: soloofamerica.org

**Inquiry Request #:** \_\_\_\_\_

\*\*\*\*\*To be filled out by SOLO\*\*\*\*\*

Request Sent Date: \_\_\_\_\_ Date Received Response: \_\_\_\_\_ Hireable: Y N