



Thank you for choosing to apply with Meessi Health Agency! We offer a challenging and rewarding job opportunity with competitive wages. Before completing the application, please read the following information about our company.

Meessi LLC is contracted by the Arizona Department of Economic Security—Division of Developmental Disabilities to provide HCBS services to persons with developmental disabilities. Our contract requires that employees working in direct care positions:

- be at least 18 years of age, with a valid Arizona Driver License or Identification Card;
- be a high school graduate or have earned a G.E.D.;
- have at least three verifiable references;
- have at least three months experience;
- have a clear criminal record and Employees will be required to be fingerprinted and must clear an F.B.I. investigation pursuant to receiving a Class One Fingerprint Clearance Card from the Department of Public Safety.

Direct Support Professionals will be required to provide a 5-year motor vehicle record.

Some positions require that staff be physically able to assist residents in and out of beds, wheelchairs, and vehicles. Employees are trained in proper lifting techniques and are required to be able to lift and maneuver at least 50 pounds.

Meessi Health Agency promotes and maintains safe working environments. We train employees in safety techniques and procedures, conduct regular safety inspections, and adhere to a loss control policy. We also comply with the Drug-Free Workplace Act of 1988 to ensure the safety and well being of our residents and staff.

**Some of the consumers that we serve may carry a hepatitis virus. All applicants must be aware of the possibilities of contracting this potentially serious disease. The risk of contracting hepatitis is quite low; unfortunately there can be no guarantee that you will not contract hepatitis. Vaccinations are available. Please feel free to discuss the risk with your health care provider.**

Because of the importance of the information on this page, we ask that you sign below as having read and understood the statements presented. Please feel free to ask questions of your interviewer.

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Certification and Authorization (Please read and sign after completing application)**

"I certify that the statements contained in this application are true and complete to the best of my knowledge. I understand that, if I am employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein. I authorize the references and employers listed in this application to give Meessi LLC any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Meessi LLC from all liability for any damage that may result from using that information.

I also understand and agree that no representative of Meessi LLC has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

\_\_\_\_\_  
Applicant's Name (PRINT)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Meessi Health Agency  
 info@meessihealth.com  
 480-442-6060  
 www.MeessiHealth.com

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

# Meessi LLC Employment Application

<b>Personal Information</b>		Last Name, First Initial:
Name (Last, First, MI)		
Street address		
City, State, Zip		
Home phone number	Work phone number	
Date of Birth	E-mail address	
Social security number	Driver's license number/state/expiration	
<b>Employment Desired</b>		
Position applied for:		
How did you hear about this position?		
Will you travel if job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of employment desire? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call	
What hours are you available to work? (Work schedules vary and include split shift, weekend, etc.)		
Sunday _____ Monday _____ Tuesday _____ Wednesday _____	Thursday _____ Friday _____ Saturday _____ Sleep Over <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date you can start:	Salary desired:	

Education					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/ Diploma	
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 8):					

**Employment History**

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

## Employment Application Cont...

### Employment History

<b>2.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			
<b>3.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

*[PLEASE CONTINUE ON NEXT PAGE]*

# Employment Application Cont...

## Additional Information

**Emergency Contact Info:**

You are required to list at least 2 Emergency Contact.

Name:	Relationship:
Email:	
Phone:	
Address:	
Name:	Relationship:
Email:	
Phone:	
Address:	

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Do you know Sign Language?  Yes  No

Have you been CPR/First Aid Certified  Yes  No

If Yes, is it current? \_\_\_\_\_ Date CPR/First Aid Card Expires? \_\_\_\_\_

Identify formal job training/skills or certification you possess that relates to this position:

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Why are you interested in doing this type of work?

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What would you do if a consumer hits you?

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Our work requires a great deal of patience. How do you deal with stress and anger?

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[PLEASE CONTINUE ON NEXT PAGE]

## Employment Application Cont...

### Additional Information

You worked from 7 a.m. to 10:15 a.m. then returned the same day and worked from 3:15 p.m. to 10:30 p.m. How many hours have you worked this day?

Have you ever been employed with this company before?  Yes  No  
If Yes, when? .....

Do you have any friends or relatives employed by this company?  Yes  No  
If Yes, please provide their names and relationship to you: .....

Are you currently employed?  Yes  No  
May we contact your employer?  Yes  No  
Are you currently on "lay off" status and subject to recall?  Yes  No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Are you able to safely lift 50 lbs without assistance?  Yes  No  
You may be required to bend, reach, squat, lift, twist, and/or turn. Do you have a full range of motion in your back, neck, shoulders, arms, hands, legs, and feet?  Yes  No  
If No, please explain: .....

### Driver Information

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Have you had any traffic violations, accidents or convictions within the last 5 years and/or been convicted of Driving Under the Influence "(DUI)"  Yes  No  N/A

Has your driver's license ever been revoked?  Yes  No  
If yes: When: \_\_\_\_\_ Where: \_\_\_\_\_ Why: \_\_\_\_\_

If hired, do you have a reliable means of transportation to and from work?  Yes  No  
Have you had a vehicle accident of any type during the last 5 years?  Yes  No  
If hired, would you be able to travel or work overtime as needed?  Yes  No  
Do you have any physical impairments (include hearing, vision, speech)?  Yes  No

### Employment Eligibility

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If Yes, please explain:  
If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

[PLEASE CONTINUE ON NEXT PAGE]

## Employment Application Cont...

### References

List below three persons not related to you who have knowledge of your work performance/character within the last 5 years

Name		Occupation
Company Name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company Name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company Name	Address	
Telephone	E-mail	Relationship & years acquainted

### Additional Space

State any additional information you feel may be helpful to us in considering your application (i.e. Tell about yourself and explain your philosophy regarding disabled individuals.) Expand on any points or questions asked previously in this application.


**PLEASE USE ADDITIONAL PAPER IF NECESSARY**

**[PLEASE CONTINUE ON NEXT PAGE]**

**APPLICANT'S STATEMENT:**

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application shall be considered active for a period of one year. *Any applicant wishing to be considered for employment beyond one year should inquire as to whether applications are being accepted at that time.*
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.
- I understand, also, that I am required to abide by all rules and regulations of the Employer.
- I understand that, dependent upon job assignments, Agency employees are fingerprinted and need to be cleared by DES Office of Investigations.
- If accepted, I agree to be governed and abide by all Agency rules and regulations.
- I authorize inquiry with regard to my character, ability, and habits of any and all persons, and agree to hold such persons harmless with respect to any information that they may give.
- I certify that all answers to the questions on this application are true and I understand that any misstatement or omission of facts may disqualify me or be cause for dismissal.
- I understand that any employment offered is for an indefinite duration, at will, and that Meessi LLC may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



