



Administrative Office
P.O. Box 790
463 S. Lake Powell Blvd.
Page AZ 86040
(928) 645-5113

Dear Applicant,

Thank you for your interest in working at Encompass Health Services, Inc. This packet has all the forms you need to apply for a position. Included are:

- 1) Application – Please fill out completely. If you have a resume, please include it with your application as well.
- 2) Applicant’s Consent and Affirmation:
 - Check box, sign and date.
- 3) Criminal History Affidavit:
 - This form needs to be notarized before you return application to Encompass Health Services, Inc.
- 4) Employment / Personal References: This will include three professional references that cover the last five years of employment and three personal references that do not include family members. Anyone you use as a reference will need to be an employment or personal reference, not both.
 - Section 1 – Please completely fill out with your Reference’s information, not your information.
 - Section 2 – Please completely fill out with your information. Signature required.
 - Send forms to references. They are to fill out Section 3 and mail or fax it back to Encompass Health Services, Inc. They should not be returning references directly back to you, as this will void the reference.
 - Please attach a list of references to the application, so as we receive the completed reference forms, we can match up references.
- 5) Skill/Abilities and Working Conditions – This page is for your information only.

We will also need to have copies of the following returned with application packet:

- 1) Required:
 - High school diploma, GED, and college degree, if obtained.
 - Transcripts from high school, GED, and college if applicable.
- 2) If you currently have:
 - Fingerprint Clearance Card
 - CPR/First Aid Card

Please keep in mind that if you are applying for a position that requires a degree, it must be related to the social work, counseling, substance abuse, or mental health field.

Please double check that you have signed in all required areas in the application and on reference forms.

Thank you,

Human Resource Department

For a complete list of current employment opportunities, visit our website: www.encompass-az.org.

FORMER EMPLOYERS

List below your last five years of employment starting with the last one first.

Date Month and Year	Name, Address, and Phone Number of Employer	Salary (upon leaving)	Position	Supervisor/Manager	If you've had formal clinical privileges, what is the status	Reason for Leaving
From To						
From To						
From To						
From To						

REFERENCES

(List below three persons NOT related to you, whom you have known at least one year.)

Name	Address	Phone Number	Position	Years Acquainted
1				
2				
3				

LICENSES/CERTIFICATIONS/REGISTRATION (Attach a copy of license/certification)

Discipline	Date Issued/Expires	State

OTHER QUALIFICATIONS

(List professional organizations/affiliations/honors)

Date

Training Received

(List trainings received if needed please use an extra piece of paper)

Date

PROFESSIONAL/CRIMINAL HISTORY

If any of the following questions is answered "yes", please give full details on a separate sheet of paper and attach. Answering yes to any of the following questions does not automatically disqualify your application. Each offense will be evaluated as to the gravity, time passed since offense, and nature of the job sought.

- Has your membership in any professional organization ever been denied, investigated, suspended or revoked; or is any such action pending?
 Yes No Not Applicable
- Has a renewal of any of your professional memberships ever been denied?
 Yes No Not Applicable
- Have you ever been subject to any disciplinary proceedings by any professional association or organization; or is any such action pending?
 Yes No Not Applicable
- Have any of your licenses, certifications, or registrations to practice any profession in any jurisdiction ever been investigated, suspended?
 Yes No Not Applicable
- Is any action currently pending to investigate, suspend, restrict or revoke any of your licenses, certificates, or registrations?
 Yes No Not Applicable
- Have you ever been convicted of a criminal offense, other than a minor traffic violation?
 Yes No Not Applicable
- Have you had any malpractice claims filed against you within the past ten years, or are any currently pending?
 Yes No Not Applicable
- Are you currently using illegal drugs? Yes No

If you are to be hired by the company, you will be required to attest to your identify and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of related to such investigation or disclose.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guaranteed is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies and procedures, in whole or in part, at any time. I understand and give release to the agency, Encompass Health Services, Inc. and other individuals and organizations who evaluate the application and credentials from any liability. I give permission for Encompass Health Services, Inc. to obtain and inspect all records related to my license, training, education, experience and competence and other information related to the application.

Date

Signature



Please read the following Statements carefully before you sign and return this application.

APPLICANT'S CONSENT AND AFFIRMATION

I hereby certify that the information I have provided in this employment application is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information or any relevant information omitted will be immediate grounds for dismissal.

This release and authorization acknowledges that Encompass Health Services, Inc. and affiliated agencies may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, motor vehicle records, contact personal references, and receive and criminal history record information pertaining to me which may be in the files of any Federal, State, County, or Local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Encompass Health Services, Inc.'s employment policies.

In connection with this application, I authorize all corporations, companies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information that they may have about me to Encompass Health Services, Inc. or its agents and release them from any liability for doing so. IN MAKING THIS APPLICATION FOR EMPLOYMENT, IT IS UNDERSTOOD THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, OR OTHERS WITH WHOM I AM ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

I do hereby agree to forever release and discharge Encompass Health Services, Inc., affiliated agencies, and all persons or organizations contracted by Encompass Health Services, Inc. to the full extent permitted by law from any claims, damages, losses, liabilities, costs, and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

I understand that if offered employment, the offer will be contingent upon my meeting all fingerprint, health screening, certification requirements and background checks, as applicable.

I hereby acknowledge that if employed, my employment does not constitute any contractual relationship, and is of an "at will" nature, which means that I may resign at any time, or that Encompass Health Services, Inc. (or affiliated agencies, if they are my actual employer) may terminate me at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal or written document or other contract unless such change is specifically stated in writing by an authorized Encompass Health Services, Inc. (or affiliated agency) Chief Executive Officer/Executive Director.

I understand by checking this box, I agree it is as valid as my original signature, and may be relied upon by any person contacted for the purpose of investigating my background.

****Applications are current for 60 days. After 60 days a renewal must be filed****

Signature

Date

ARIZONA DEPARTMENT OF HEALTH SERVICES

OFFICE OF BEHAVIORAL HEALTH LICENSING

CRIMINAL HISTORY AFFIDAVIT

Prior to applying for a Fingerprint Clearance Card, read the following carefully to determine if you are eligible to receive a Fingerprint Clearance Card.

Applicant's Name (First, Middle, Last) Social Security Number Birthdate Area Code and Phone #

Applicant's Address (#, Street, City, State, Zip)

Facility Name **Encompass Health Services, Inc.**

Facility Address (#, Street, City, State, Zip) **PO Box 790 Page AZ 86040**

BH # Arizona Department of Public Safety Application #

Pursuant to A.R.S. § 36-425.03(K)(2), for purposes of this section, "children's behavioral health program personnel" means an owner, employee or volunteer who works at a children's behavioral health program.

Pursuant to A.R.S. § 36-425.03(K)(1), for purposes of this section, "children's behavioral health program" means a program that provides children's behavioral health services and that is licensed by the department as a behavioral health service agency or that contracts with the department to provide children's behavioral health services.

Pursuant to A.R.S. § 36-425.03(D) Children's behavioral health program personnel shall certify on forms that are provided by the department and notarized that:

True False

1. I am not awaiting trial on or have never been convicted of or admitted in open court or pursuant to a plea agreement committing any of the offenses listed in A.R.S. § 41-1758.03(B) or (C), in this state or similar offenses in another state or jurisdiction. (See attached list)

Pursuant to A.R.S. § 36-425.03, (E) the notarized forms are confidential

Board of Fingerprinting pursuant to § A.R.S. 41-619.55 (I) (See Attached)

Pursuant to A.R.S. § 36-425.03, (G) A person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in section 41-1758.03, subsection B is prohibited from working in any capacity in a children's behavioral health program that requires or allows contact with children.

Pursuant to A.R.S. § 36-425.03, (H) A person who is awaiting trial on or who has been convicted of or who has admitted in open court or pursuant to a plea agreement to committing a criminal offense listed in section 41-1758.03, subsection C shall not work in a children's behavioral health program in any capacity that requires or allows the employee to provide direct services to children unless the person has applied for and received the required fingerprint clearance card pursuant to title 41, chapter 12, article 3.1.

Pursuant to A.R.S. § 36-425.03, (J) The employer shall notify the department of public safety if the employer receives credible evidence that a person who possesses a valid fingerprint clearance card either:

1. Is arrested for or charged with an offense listed in A.R.S. § 41-1758.03(B) and. A.R.S. § 41-1758.03(C),
2. Falsified information on the form required by subsection D of this section.

Applicant's Name(print) _____

NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Applicant's Signature _____)

State of Arizona, County of _____)ss

Subscribed and sworn before me, a Notary Public, this _____ day of _____, 20__.

My Commission Expires: _____

Notary Public's Signature

A.R.S. § 41-1758.03 Fingerprint clearance cards: issuance

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card: B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card:

1. Sexual abuse of a vulnerable adult.
2. Incest.
3. First or second degree murder.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child prostitution as prescribed in section 13-3212.
10. Child abuse.
11. Abuse of a vulnerable adult.
12. Sexual conduct with a minor.
13. Molestation of a child.
14. Molestation of a vulnerable adult.
15. A dangerous crime against children as defined in section 13-705.
16. Exploitation of minors involving drug offenses.
17. Taking a child for the purpose of prostitution as prescribed in section 13-3206.
18. Neglect or abuse of a vulnerable adult.
19. Sex trafficking.
20. Sexual abuse.
21. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
22. Furnishing harmful items to minors as prescribed in section 13-3506.
23. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
24. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
25. Luring a minor for sexual exploitation.
26. Enticement of persons for purposes of prostitution.
27. Procurement by false pretenses of person for purposes of prostitution.
28. Procuring or placing persons in a house of prostitution.
29. Receiving earnings of a prostitute.
30. Causing one's spouse to become a prostitute.
31. Detention of persons in a house of prostitution for debt.
32. Keeping or residing in a house of prostitution or employment in prostitution.
33. Pandering.
34. Transporting persons for the purpose of prostitution, polygamy and concubinage.
35. Portraying adult as a minor as prescribed in section 13-3555.
36. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
37. Unlawful sale or purchase of children.
38. Child bigamy.

C. A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Manslaughter.
2. Endangerment.
3. Threatening or intimidating.
4. Assault.
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs.
6. Assault by vicious animals.
7. Drive by shooting.
8. Assaults on officers or fire fighters.
9. Discharging a firearm at a structure.
10. Indecent exposure.
11. Public sexual indecency.
12. Aggravated criminal damage.
13. Theft.
14. Theft by extortion.
15. Shoplifting.
16. Forgery.
17. Criminal possession of a forgery device.
18. Obtaining a signature by deception.
19. Criminal impersonation.
20. Theft of a credit card or obtaining a credit card by fraudulent means.
21. Receipt of anything of value obtained by fraudulent use of a credit card.
22. Forgery of a credit card.
23. Fraudulent use of a credit card.
24. Possession of any machinery, plate or other contrivance or incomplete credit card.
25. False statement as to financial condition or identity to obtain a credit card.
26. Fraud by persons authorized to provide goods or services.
27. Credit card transaction record theft.
28. Misconduct involving weapons.
29. Misconduct involving explosives.
30. Depositing explosives.
31. Misconduct involving simulated explosive devices.
32. Concealed weapon violation.
33. Possession and sale of peyote.
34. Possession and sale of a vapor-releasing substance containing a toxic substance.
35. Sale of precursor chemicals.
36. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs.
37. Manufacture or distribution of an imitation controlled substance.
38. Manufacture or distribution of an imitation prescription-only drug.
39. Manufacture or distribution of an imitation over-the-counter drug.
40. Possession or possession with intent to use an imitation controlled substance.
41. Possession or possession with intent to use an imitation prescription-only drug.
42. Possession or possession with intent to use an imitation over-the-counter drug.
43. Manufacture of certain substances and drugs by certain means.
44. Adding poison or other harmful substance to food, drink or medicine.
45. A criminal offense involving criminal trespass and burglary under title 13, chapter 15.
46. A criminal offense under title 13, chapter 23.
47. Child neglect.
48. Misdemeanor offenses involving contributing to the delinquency of a minor.
49. Offenses involving domestic violence.
50. Arson.
51. Kidnapping.
52. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs.
53. Robbery.
54. Aggravated assault.
55. Felony offenses involving contributing to the delinquency of a minor.
56. Negligent homicide.
57. Criminal damage.
58. Misappropriation of charter school monies as prescribed in section 13-1818.
59. Taking identity of another person or entity.
60. Aggravated taking identity of another person or entity.
61. Trafficking in the identity of another person or entity.
62. Cruelty to animals.
63. Prostitution.
64. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
65. Welfare fraud.

A.R.S. § 8-201. Definitions

In this title, unless the context otherwise requires:

13. "Dependent child":

(a) Means a child who is adjudicated to be:

(i) In need of proper and effective parental care and control and who has no parent or guardian, or one who has no parent or guardian willing to exercise or capable of exercising such care and control.

(ii) Destitute or who is not provided with the necessities of life, including adequate food, clothing, shelter or medical care.

(iii) A child whose home is unfit by reason of abuse, neglect, cruelty or depravity by a parent, a guardian or any other person having custody or care of the child.

(iv) Under eight years of age and who is found to have committed an act that would result in adjudication as a delinquent juvenile or incorrigible child if committed by an older juvenile or child.

(v) Incompetent or not restorable to competency and who is alleged to have committed a serious offense as defined in section 13-706.

(b) Does not include a child who in good faith is being furnished Christian Science treatment by a duly accredited practitioner if none of the circumstances described in subdivision (a) of this paragraph exists.

A.R.S. § 41-619.55 Good cause exceptions; revocation

I. Pending the outcome of a good cause exception determination, the board or its hearing officer may issue interim approval in accordance with board rule to continue working to a good cause exception applicant.

G:/criminalhisaff

EMPLOYMENT REFERENCE FORM

REFERENCE - PLEASE RETURN TO:
 Encompass Health Services, Inc.
 PO Box 790, Page, AZ 86040
 PH: 928-645-5113 FAX: 928-645-3254

1. Date: _____
 Facility: _____
 Attention: _____
 Mailing Address: _____
 City, State, Zip: _____
 Fax #: _____

SECTIONS 1 & 2 TO BE COMPLETED BY APPLICANT

Your name has been given as a professional reference by the applicant listed below. By signing this form, the applicant is consenting to have former employment information released to our agency and that we have a right to keep your reference confidential.

2. _____
 Applicant Signature

Applicant Name: _____ DOB or Social Security #: _____
 Position Held: _____ Employment Dates: From _____ to _____

SECTION 3 TO BE COMPLETED BY REFERENCE

3. Please rank the employee on the following aspects of employment as "excellent", "good", "fair", or "poor". Comment if necessary.

	Excellent	Good	Fair	Poor	N/A	Comments
Quality of work						
Cooperation						
Attendance						
Reaction to criticism						
Ability to be flexible in the face of change						
Ability to grow and change in response to experience						
Interaction with others						
Ability to relate to children						
Ability to empathize with those of differing cultural patterns						
Respect for authority						
Integrity						

Would you rehire? Yes No

Additional Comments:

Signature: _____ Title: _____ Date: _____

To insure our high standards, we require references to verify competency of a potential employee. We would greatly appreciate your quick response to the questions on this form.

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 PH: 928-645-5113 FAX: 928-645-3254

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 Applicant Signature

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3. Please rank the employee on the following aspects of employment as "excellent", "good", "fair", or "poor". Comment if necessary.

	Excellent	Good	Fair	Poor	N/A	Comments
Quality of work						
Cooperation						
Attendance						
Reaction to criticism						
Ability to be flexible in the face of change						
Ability to grow and change in response to experience						
Interaction with others						
Ability to relate to children						
Ability to empathize with those of differing cultural patterns						
Respect for authority						
Integrity						

Would you rehire? Yes No

Additional Comments:

Signature: _____ Title: _____ Date: _____

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	Excellent	Good	Fair	Poor	N/A	Comments
Quality of work						
Cooperation						
Attendance						
Reaction to criticism						
Ability to be flexible in the face of change						
Ability to grow and change in response to experience						
Interaction with others						
Ability to relate to children						
Ability to empathize with those of differing cultural patterns						
Respect for authority						
Integrity						

Would you rehire? Yes No

Additional Comments:

Signature: _____ Title: _____ Date: _____

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 Encompass Health Services, Inc.
 PO Box 790, Page, AZ 86040
 PH: 928-645-5113 FAX: 928-645-3254

PERSONAL REFERENCE FORM

1. Date: _____
 Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone #: _____
 Fax #: _____

**SECTIONS 1 & 2 TO BE
 COMPLETED BY APPLICANT**

Your name has been given as a personal reference by the applicant listed below. By signing this form, the applicant is consenting to have personal information released to our agency and that we have a right to keep your reference confidential.

2. _____
 Applicant Signature
 Applicant Name: _____

SECTION 3 TO BE COMPLETED BY REFERENCE

3. Please rate the employee on the following as "excellent", "good", "fair", or "poor".
 Comment if necessary.

	Outstanding	Good	Satisfactory	Fair	Poor	N/A
Dependability						
Creativity						
Attitude						
Motivation						
Emotional Stability						
Concern for others						
Ability to respond to feelings and needs of others						

How long have you known this applicant? _____

Are you related to this applicant? Yes No

In what capacity do you know this applicant (E.G., Friend, co-worker, etc.): _____

Additional Comments:

Signature: _____ Title: _____ Date: _____

To insure our high standards, we require references to verify competency of a potential employee. We would greatly appreciate your quick response to the questions on this form.

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2. _____
Applicant Signature

Applicant Name: _____

SECTION 3 TO BE COMPLETED BY REFERENCE

3. Please rate the employee on the following as "excellent", "good", "fair", or "poor".
Comment if necessary.

	Outstanding	Good	Satisfactory	Fair	Poor	N/A
Dependability						
Creativity						
Attitude						
Motivation						
Emotional Stability						
Concern for others						
Ability to respond to feelings and needs of others						

How long have you known this applicant? _____

Are you related to this applicant? Yes No

In what capacity do you know this applicant (E.G., Friend, co-worker, etc.): _____

Additional Comments:

Signature: _____ Title: _____ Date: _____

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SECTION 3 TO BE COMPLETED BY REFERENCE

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Comment if necessary.

	Outstanding	Good	Satisfactory	Fair	Poor	N/A
Dependability						
Creativity						
Attitude						
Motivation						
Emotional Stability						
Concern for others						
Ability to respond to feelings and needs of others						

How long have you known this applicant? _____

Are you related to this applicant? Yes No

In what capacity do you know this applicant (E.G., Friend, co-worker, etc.): _____

Additional Comments:

Signature: _____ Title: _____ Date: _____

To insure our high standards, we require references to verify competency of a potential employee. We would greatly appreciate your quick response to the questions on this form.

SKILLS/ABILITIES:

Required:

- Fluent in English both verbally and in writing.
- Literate
- Computer Literate, knowledgeable in Windows 7
- Able to effectively employ analytical and problem-solving skills.
- Prevention of violent behavior or behavioral harmful to the client or others.

WORKING CONDITIONS

Physical Requirements:

Be able to sit and stand for extended periods of time.

Be able to hear ordinary conversation and phone communications.

Be able to bend, lift, and carry up to 20 lbs.

Be able to visually see a computer screen and various kinds of written documents.

Equipment Operation:

Be able to operate common office equipment.

Be able to operate Agency vehicles.

Possess valid driver's license and vehicle insurance.

Environmental Conditions:

Air-conditioned and/or heated office setting or client's home.

Accommodation(s):

As appropriate and fiscally reasonable.

Mental and Emotional:

Prioritizing workload

Decision making ability

Use of sound judgment to field inquiries concerning administrative, clinical, and operational concerns.

Ability to greet and deal effectively with clients, staff and facility visitors.

CONFIDENTIALITY LEVEL

Under federal confidentiality laws, personnel of the Agency may not disclose information about clients or personnel to anyone outside the agency without the person's prior written consent, and may not disclose this information to others within the Agency except on a "need to know" basis. This includes any identifying information concerning current past or prospective clients or personnel.

Reminder:

Please remember to include copies of the following documents:

- **High school diploma, GED and college degree, if obtained.**
- **Transcripts from high school, GED, and college, if applicable.**
- **Current Resume**
- **Fingerprint clearance card (if you have)**
- **Current CPR/First Aid card**

Make sure you have signed and dated in all required places.