

CREATIVE INNERVISIONS, LLC

APPLICATION FOR EMPLOYMENT

**PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION**

The following requirements are applicable only after you have successfully completed all job interviews.

**Pre-Hire Materials (at your own expense)**

- 1) Application for employment and **MUST** be the age of 18 or older
- 2) Employment eligibility: A photocopy of your valid Driver's License & Social Security card or Birth Certificate is required.
- 3) You **MUST** provide one of the following:
  - A) Copy of GED certificate
  - B) Copy of High School Diploma or Transcripts
  - C) Copy of College Diploma or Transcripts
- 4) Fingerprint Form (Fingerprint application **MUST** be submitted prior to employment) \$75
- 5) Valid **Arizona Driver's License/Identification Card**: Most positions require that you operate a Creative Innervations vehicle. Driving is a part of your job requirement. In order to be eligible to have driver status with Creative Innervations, the following criteria must be met:
  - A) If you are age 21 or 22, you may have one minor moving violation within 3 years
  - B) If you are age 23 and over, you may have 1 accident or 2 minor violations within 3 years.\*If you have had a major violation (i.e. reckless driving, etc.), within the past 5 years, we are not able to insure you to drive a Creative Innervations vehicle. If you are a non-driver for any of these reasons, you must sign a **NON-DRIVER WAIVER.**
- 6) If applicable, Motor Vehicle Report (5 years): a current MVR of your driving record is available through the Department of Motor Vehicles.
- 7) Criminal record self-disclosure form: (Form **MUST** be notarized prior to employment)
- 8) Driver Status: If you have driver status with Creative Innervations, LLC, there may be times that you will drive your personal vehicle to transport Creative Innervations individuals. You must first submit your current proof of Arizona automobile insurance and registration... This information must be submitted upon expiration prior to continued transportation.

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

\_\_\_\_\_  
Date

**CREATIVE INNERVISIONS, LLC**

**APPLICATION FOR EMPLOYMENT**

**Creative Innervations, LLC  
Employee Benefits**

Creative Innervations offers their employees the following benefits:

- 1) Health insurance: available to all employees after a 90-day grace period.
- 2) Vacation for full-time employees:
  - A) Accrue 40 hours paid time after first anniversary date.
  - B) Accrue 80 hours paid time after second anniversary date.
- 3) Holiday pay for full time employees: 3 paid holidays
- 4) Sick Leave: Accrues 4 hours per month.

<b>Office Use Only</b>
Interview:
Orientation:
Shift:

## Application for Employment

**Please Print**

Date of application: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:

Advertisement       Friend       Other (explain below):  
 Walk-in       Relative      \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Name:**

\_\_\_\_\_ LAST      FIRST      MIDDLE

**Address:**

\_\_\_\_\_ CITY      STATE      ZIP code

**Telephone:** (      )      **Social Security #:** XXX-XX-\_\_\_\_\_  
 \_\_\_\_\_ AREA CODE

Are you age 18 or older?      YES      NO

Have you filed an application here before?      YES      NO

If yes, give date: \_\_\_\_\_

Have you ever been employed here before?      YES      NO

If yes, give date: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?      YES      NO

On what date would you be available to work? \_\_\_\_\_

Are you available to work?      Full Time      Part Time      Temporary

Are you on layoff and subject to recall?      YES      NO

Can you travel if the job requires it?      YES      NO

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

## Application for Employment

Veteran of the U.S. Military Service?  YES  NO

If yes, Branch: \_\_\_\_\_

Have you had any traffic violations in the past 5 years?  YES  NO

If yes, Please Explain: \_\_\_\_\_

Have you been convicted of any offense?  YES  NO

If yes, please explain: \_\_\_\_\_

Are there certain hours or days you cannot work?  YES  NO

If yes, please explain / list times you cannot work: \_\_\_\_\_

Please indicate what foreign languages you speak, read, and / or write:

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

Please list professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, or national origin.)

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## Application for Employment

### Education

Complete information on the highest grade and / or institution you attended.

	Equivalency	High School	College / University	Graduate / Professional
School Name				
Year Complete (circle)		1 2 3 4	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe course of study				
Describe Specialized training and skills				

Honors received:

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### References:

Give Complete Name, Address (include zip code) and Telephone Number of **Five** references, two of which must be professional references, two of which can be personal references.

NAME	ADDRESS (INCLUDE CITY AND STATE)	ZIP CODE	TELEPHONE #
			( )
			( )
			( )
			( )
			( )

# Application for Employment

## EMPLOYMENT REFERENCES

Start with your present or last job: Include military service assignments and volunteer activities.

<b>Employer:</b>	_____	<b>Phone #:</b>	(    )
<b>Mailing Address:</b>	_____		
	_____		
		CITY	STATE      ZIP CODE
<b>Supervisor:</b>	_____	<b>Job Title:</b>	_____
<b>Dates Employed:</b>	From: _____	To: _____	
<b>Hourly Rate / Salary:</b>	Start: _____	Final: _____	
<b>Work Performed:</b>	_____		
	_____		
	_____		
<b>Reason for Leaving:</b>	_____		
	_____		

<b>Employer:</b>	_____	<b>Phone #:</b>	(    )
<b>Mailing Address:</b>	_____		
	_____		
		CITY	STATE      ZIP CODE
<b>Supervisor:</b>	_____	<b>Job Title:</b>	_____
<b>Dates Employed:</b>	From: _____	To: _____	
<b>Hourly Rate / Salary:</b>	Start: _____	Final: _____	
<b>Work Performed:</b>	_____		
	_____		
	_____		
<b>Reason for Leaving:</b>	_____		
	_____		

# Application for Employment

IF YOU NEED ADDITIONAL SPACE, USE A SEPARATE PIECE OF PAPER.

**Special Skills and Qualifications:** Summarize special skills and qualifications acquired from other employment and experience:

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**State any additional information you feel may be helpful to us in considering your application:**

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## AGREEMENT

I acknowledge that I have read and understand the pre-employment conditions of this agency. 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 as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that I am required to abide by rules and regulations of the company.

**In order to be employed by Creative Innervations, LLC, you must be eligible for a Class 1 Fingerprint Card. Failure to obtain a Class 1 Fingerprint Card as evidence by a letter of notification form DES/DDD Criminal Records will result in your termination.**

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

\_\_\_\_\_  
Date

## RELEASE OF PERSONAL INFORMATION

I authorize the release of information concerning my employment, medical or financial history as it relates to my application for employment.

I release from liability and promise to hold harmless, under any and all possible cause of legal action, and any and all person or entities who shall furnish any information or opinions to employees of Creative Innervations, LLC who conduct my background investigation. I

understand the result of my background investigation is confidential and not available for my examination.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
XXX-XX-  
Social Security Number

**After completing the form - please print and bring to our office at:  
4045 E Union Hills Dr., #106, Phoenix, 85050 or fax to: (602) 265-8013.  
If you have questions call our office at (602) 265-8007**

**You can also email this form to: [chris.garcia@creativeinnervations.org](mailto:chris.garcia@creativeinnervations.org) or [leticia.magana@creativeinnervations.org](mailto:leticia.magana@creativeinnervations.org)**