





**EMPLOYEE / APPLICANT'S DECLARATION**

Name of Provider or State Agency:

INTERFAITH COMMUNITY CARE

Employee / Applicant's Name (Last, First, M.I.)

Employee / Applicant's Address (Street No., City, State, Zip)

**SECTION I**

Are you *AWAITING TRIAL* on, been *CONVICTED* of, or have you *COMMITTED* any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Answer "YES" or "NO" to each listed offense.)

YES    NO

- YES     NO    1.    Sexual abuse of a child or vulnerable adult
- YES     NO    2.    Incest
- YES     NO    3.    First or second-degree murder
- YES     NO    4.    Kidnapping
- YES     NO    5.    Arson
- YES     NO    6.    Sexual assault
- YES     NO    7.    Sexual exploitation of a child or vulnerable adult
- YES     NO    8.    Commercial sexual exploitation of a child or vulnerable adult
- YES     NO    9.    Felony offenses within the previous 10 years, involving the manufacture or distribution of marijuana, dangerous drugs or narcotic drugs
- YES     NO    10.   Robbery
- YES     NO    11.   Child prostitution as defined in A.R.S. § 13-3206
- YES     NO    12.   Abuse of a child or of a vulnerable adult
- YES     NO    13.   Sexual conduct with a child
- YES     NO    14.   Molestation of a child or vulnerable adult
- YES     NO    15.   Manslaughter
- YES     NO    16.   Aggravated assault

**SECTION II**

Have you been *CONVICTED* of, found by a *COURT* to have *COMMITTED*, or have you *COMMITTED* any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Answer "YES" or "NO" to each listed offense.)

YES    NO

- YES     NO    17.   A sex offense (examples: other than above, indecent exposure, pornography, lewd & lascivious conduct)
- YES     NO    18.   A drug-related offense (examples: possession of illegal drugs or drug paraphernalia)
- YES     NO    19.   A theft-related offense (examples: car theft, larceny, burglary, bad checks, fraud, shoplifting)
- YES     NO    20.   A violence-related offense (examples: assault, weapon-related offenses, extortion, domestic violence)
- YES     NO    21.   Child neglect or neglect of a vulnerable adult
- YES     NO    22.   Contributing to the delinquency of a minor

\*\*\*EXAMPLES LISTED DO NOT INCLUDE ALL POSSIBLE SCENARIOS.\*\*\*

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

EMPLOYEE / APPLICANT'S SIGNATURE

DATE

NAME OF PERSON WITNESSING SIGNATURE (*Print*)

SIGNATURE OF WITNESS

DATE

**ABOVE IS SUBJECT TO VERIFICATION**





## Employment Reference Verification

***This box to be completed by applicant***

**Name of Applicant:** \_\_\_\_\_ **SS #:** \_\_\_\_\_  
*(Please Print)* *(For Verification Purposes Only)*

I authorize Benevilla and/or its agents, including consumer reporting bureaus, to verify my employment experience and information relevant to my character. I also authorize any reference source to provide Benevilla with any and all information covering my background and hereby release any said sources from any liability for any damage whatsoever for issuing this information. A copy of this document shall have the same force and effect as the original.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**EMPLOYMENT VERIFICATION**

Phone

Faxed

Mailed

Name of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name & Title of Individual Providing Information: \_\_\_\_\_

Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Employment Dates: From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Salary: \$ \_\_\_\_\_ per hr. / yr.

Reason for Leaving: \_\_\_\_\_

Is he/she eligible for rehire?  Yes  No; Why? \_\_\_\_\_

How would you rate his/her work? \_\_\_\_\_

Would you say this was above or below average? \_\_\_\_\_

Did he/she improve while on the job? \_\_\_\_\_

What were his/her strong points? \_\_\_\_\_

What were his/her weak points? \_\_\_\_\_

Did he/she have problems with (Yes or No with appropriate explanation):

Attendance or Dependability? \_\_\_\_\_

Getting along with co-workers? \_\_\_\_\_

Attitude? \_\_\_\_\_

Personal Problems? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

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

**PERSONAL REFERENCE**

Phone

Faxed

Mailed

Name of Person Contacted: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Years Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

What are his/her strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

How would you describe his/her personality? \_\_\_\_\_

\_\_\_\_\_

How would you assess his/her flexibility regarding stress and adapting to change? \_\_\_\_\_

\_\_\_\_\_

Does he/she have problems with (*Yes or No with appropriate explanation*):

Dependability? \_\_\_\_\_

Getting along with others? \_\_\_\_\_

Honesty / Integrity? \_\_\_\_\_

Personal Problems? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

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

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Additional Comments: \_\_\_\_\_

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