TRINITY HOME CARE AND TRANSPORT

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Employment Application

Direct Care Worker - Attendant Care - Personal Care - Homemaker - Respite - Transport

FORM THC-HR-APP-001
REVISION 2.0
EFFECTIVE 07-09-2026
WINDOW ROCK, AZ - NAVAJO NATION

Trinity Home Care & Transport Services LLC is an equal opportunity employer and complies with the Navajo Preference in Employment Act (NPEA). Trinity participates in E-Verify. Please print in ink and complete every section. Write N/A where a section does not apply. An incomplete or unsigned application cannot be processed.

1 POSITION AND WORK AUTHORIZATION

POSITION APPLYING FOR
☐ Direct Care Worker (attendant care - personal care - homemaker) ☐ Respite ☐ Transport driver ☐ Any / other _____

EMPLOYMENT DESIRED	DATE AVAILABLE TO START	PAY DESIRED
☐ Full-time ☐ Part-time ☐ On-call		

HOW DID YOU HEAR ABOUT TRINITY?
☐ Chapter house / community event ☐ Referred by a Trinity employee - name _____ ☐ Flyer / radio ☐ Online ☐ Other

ARE YOU AT LEAST 18 YEARS OF AGE?	LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?
☐ Yes ☐ No	☐ Yes ☐ No

Any offer of employment is conditional on E-Verify confirmation of work authorization.

2 APPLICANT INFORMATION

NAME – LAST, FIRST, MIDDLE	OTHER NAMES USED (FOR SCREENING)	PHONE
DATE OF BIRTH – USED ONLY FOR REQUIRED BACKGROUND SCREENING	**EMAIL**	**BEST WAY TO REACH YOU** ☐ Call ☐ Text ☐ Email

PHYSICAL ADDRESS – COMMUNITY OR CHAPTER, AND LANDMARK DIRECTIONS IF NEEDED	MAILING ADDRESS – PO BOX, TOWN, STATE, ZIP

NAVAJO NATION TRIBAL MEMBER? (OPTIONAL – USED ONLY TO APPLY NAVAJO EMPLOYMENT PREFERENCE UNDER NPEA)	OTHER TRIBAL AFFILIATION (OPTIONAL)
☐ Yes - Census No. _____ ☐ No ☐ Prefer not to say	

RELIABLE TRANSPORTATION TO MEMBER HOMES?	VALID DRIVER'S LICENSE?	CURRENT AUTO INSURANCE? (REQUIRED IF DRIVING MEMBERS)
☐ Yes ☐ No	☐ Yes ☐ No State ____ No. _____ Exp _____	☐ Yes ☐ No

DINÉ (NAVAJO) LANGUAGE	OTHER LANGUAGES
☐ Speak fluently ☐ Speak some ☐ Understand only ☐ No	

3 AVAILABILITY

DAYS AVAILABLE	SHIFTS AVAILABLE
☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun	☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight
HOURS PER WEEK DESIRED	**COMMUNITIES / CHAPTERS YOU CAN SERVE** Willing to drive up to (one way) _____ miles

4 CARING FOR A FAMILY OR HOUSEHOLD MEMBER

ARE YOU APPLYING TO PROVIDE CARE FOR A FAMILY MEMBER OR SOMEONE IN YOUR HOUSEHOLD?
☐ No ☐ Yes - relationship: ☐ Spouse ☐ Parent / guardian of the member ☐ Adult child ☐ Other relative ☐ Household member

Family caregivers are welcome at Trinity. AHCCCS sets special rules for paid family caregivers, including weekly hour limits for spouses and for parents of minor members, a 16-hour daily cap, and EVV relationship reporting. We review and sign these rules with you at hire.

5 EDUCATION, CERTIFICATIONS, AND DCW TESTING HISTORY

HIGHEST EDUCATION COMPLETED – SCHOOL	DEGREE / DIPLOMA / GED

CPR CERTIFIED?	FIRST AID CERTIFIED?	CPR / FIRST AID INSTRUCTOR CERTIFICATION?
☐ Yes ☐ No Exp _____ Provider: ☐ AHA ☐ Red Cross ☐ Other	☐ Yes ☐ No Exp _____	☐ No ☐ AHA Heartsaver Instructor ☐ AHA BLS Instructor ☐ Red Cross instructor ☐ Other _____ Exp _____

Instructor-certified applicants may qualify for trainer roles in Trinity's DCW training program – tell us even if you are not applying to teach.

ARE YOU A CERTIFIED NURSING ASSISTANT (CNA) OR LICENSED NURSING ASSISTANT (LNA) IN ARIZONA?	ANY OTHER HEALTH CREDENTIAL? (LPN, RN, CHR, CAREGIVER CERT, MA)
☐ No ☐ Yes - Cert/License No. _____ Exp _____	

CNA/LNA applicants: a current Arizona CNA or LNA is exempt from the standard AHCCCS Direct Care Worker training and testing requirements (AMPM 1240-A). Bring your card – it can shorten onboarding to days.

AZ FINGERPRINT CLEARANCE CARD?	TB TEST (SKIN TEST OR BLOOD TEST) WITHIN THE LAST 12 MONTHS?	IF NO – WILLING TO COMPLETE A TB TEST IF THE ASSIGNMENT REQUIRES IT?
☐ No ☐ Yes - No. _____ Exp _____	☐ No ☐ Yes - date _____ result _____	☐ Yes ☐ No

HAVE YOU ALREADY PASSED AHCCCS LEVEL I DIRECT CARE WORKER TESTING WITH ANOTHER AGENCY?
☐ No ☐ Yes - agency _____ approx. date _____ Level II module passed? ☐ No ☐ Yes - population _____

Trinity verifies prior results in the AHCCCS DCW Testing Database (dcwrecords.azahcccs.gov). Passed tests transfer between agencies, which can shorten your onboarding.

6 EMPLOYMENT HISTORY most recent first – attach a page if you need more space

EMPLOYER 1		
EMPLOYER	PHONE	DATES – FROM / TO
POSITION AND MAIN DUTIES	SUPERVISOR	PAY
REASON FOR LEAVING		MAY WE CONTACT? ☐ Yes ☐ No

EMPLOYER 2		
EMPLOYER	PHONE	DATES – FROM / TO
POSITION AND MAIN DUTIES	SUPERVISOR	PAY
REASON FOR LEAVING		MAY WE CONTACT? ☐ Yes ☐ No

DESCRIBE YOUR CAREGIVING EXPERIENCE, PAID OR UNPAID. FAMILY CAREGIVING COUNTS.

7 REFERENCES not family members

Reference collection and verification satisfies: AMPM 1240-A (Direct Care Worker screening and reference verification – direct care positions).

1. NAME	RELATIONSHIP	PHONE	YEARS KNOWN
2. NAME	RELATIONSHIP	PHONE	YEARS KNOWN
3. NAME	RELATIONSHIP	PHONE	YEARS KNOWN

8 SCREENING QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, OTHER THAN A MINOR TRAFFIC VIOLATION?

☐ No ☐ Yes - explain below

IF YES – OFFENSE, DATE, AND OUTCOME:

ARE YOU CURRENTLY ON PROBATION OR PAROLE, OR DO YOU HAVE CRIMINAL CHARGES PENDING (AWAITING TRIAL OR SENTENCING)?

☐ No ☐ Yes - explain: _____

ARE YOU CURRENTLY LISTED ON THE ADULT PROTECTIVE SERVICES (APS) REGISTRY OR THE DCS CENTRAL REGISTRY?

☐ No ☐ Yes

HAVE YOU EVER BEEN EXCLUDED FROM MEDICARE, MEDICAID, OR ANY FEDERAL HEALTH CARE PROGRAM (OIG EXCLUSION)?

☐ No ☐ Yes

HAS A FINGERPRINT CLEARANCE CARD OF YOURS EVER BEEN DENIED, SUSPENDED, OR REVOKED?

☐ No ☐ Yes

A conviction, or probation/parole status, is not an automatic bar. Trinity evaluates each case individually against the legal and screening requirements of this position.

Conditional offer. Every offer is conditional on passing the screenings required for this position: criminal background checks at the state and federal level AND through the Navajo Nation, OIG exclusion check, APS Registry check, DCS Central Registry check, and E-Verify. Level I direct care worker training and testing must be completed within 90 days of your first date of service - or sooner if scheduled - unless you hold a current Arizona CNA/LNA credential.

9 CERTIFICATION AND SIGNATURE

I certify that the information on this application is true and complete to the best of my knowledge. I understand that false or incomplete statements are grounds for disqualification or, if discovered after hire, termination. I authorize Trinity Home Care & Transport to contact the employers and references listed and to verify the information provided, including verification of any certification or license claimed. I understand that any offer of employment is conditional on completing the required screenings and work authorization checks listed in Section 8, and that this application does not create a contract of employment.

APPLICANT SIGNATURE	PRINTED NAME	DATE

OFFICE USE ONLY

RECEIVED – DATE / BY	INTERVIEW – DATE / BY	DCWRECORDS CHECKED	SCREENINGS ORDERED – DATE
		☐ Yes date _____	

DISPOSITION	NOTES
☐ Hire - start checklist PF-PT40 v2.0 ☐ Hold ☐ Decline	