TRIDENT LAKE HEALTH

Advancing Care with Excellence and Compassion

TRIDENT LAKE HEALTH INC.

Trident Lake Abilities Care (Pediatric) • Trident Lake Home Health (Adult)

APPLICATION FOR EMPLOYMENT / INDEPENDENT CONTRACTOR

Please print clearly or complete electronically. Attach a resume and copies of your license(s) and certifications. Incomplete applications may delay review.

1. APPLICANT INFORMATION

Last name	First name	Middle initial	
Street address	**City**	**State**	**Zip code**
Mobile phone	**Email**		
Application date	**Date available to start**		

Are you at least 18 years of age? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

2. POSITION & WORK PREFERENCES

Position applied for (check all that apply):

☐ Physical Therapist (PT)
☐ Physical Therapist Assistant (PTA)
☐ Occupational Therapist (OT)
☐ Occupational Therapy Assistant (COTA)
☐ Speech-Language Pathologist (SLP)
☐ Speech-Language Pathology Asst. (SLPA)
☐ Registered Nurse (RN)
☐ Licensed Practical Nurse (LPN)
☐ CNA / Home Health Aide
☐ Medical Social Worker
☐ Office / Administrative
☐ Other:

Population: ☐ Pediatric (DDD, ages 0–21) ☐ Adult (home health) ☐ Both

Setting: ☐ In-home ☐ Telehealth ☐ Clinic ☐ Office

Work type: ☐ 1099 Contractor (PRN, per visit) ☐ W-2 Part-time ☐ W-2 Full-time

Service area: we assign in-home visits by zip code, within about a 30-minute drive of your home base.

Home base zip code	Other zip codes / cities you are willing to cover	Max drive time

Availability (check the times you can work):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (8–12)	☐	☐	☐	☐	☐	☐	☐
Afternoon (12–3)	☐	☐	☐	☐	☐	☐	☐
After school / evening (3–7)	☐	☐	☐	☐	☐	☐	☐

Visits per week you would like	How did you hear about us? (be specific)

3. LICENSES, CERTIFICATIONS & CLEARANCES

License / certification	Number	State / issued by	Expiration

Required item	Have it?	Number	Expiration
AZ Level One Fingerprint Clearance Card			
CPR / BLS			
DDD Article 9 training (pediatric)			
Professional liability (malpractice) insurance			
Valid AZ driver's license			
Auto insurance			

NPI number (licensed clinicians)	Malpractice carrier name

4. EXPERIENCE & SKILLS

Pediatric (check all that apply):

- ☐ Developmental disabilities / DDD
- ☐ Autism
- ☐ Early intervention (0–3)
- ☐ Sensory processing
- ☐ Feeding / swallowing
- ☐ AAC devices
- ☐ Gross / fine motor delays
- ☐ Adaptive equipment
- ☐ School-based therapy

Adult home health (check all that apply):

- ☐ Medicare home health
- ☐ OASIS
- ☐ Falls / balance
- ☐ Post-surgical / orthopedic
- ☐ Neuro / stroke
- ☐ Cardiopulmonary
- ☐ Wound care
- ☐ Medication management
- ☐ Dementia / Alzheimer's
- ☐ Personal care (ADLs)
- ☐ Transfers / Hoyer lift
- ☐ Hospice / palliative

Other:

- ☐ Telehealth
- ☐ EMR documentation
- ☐ EVV (Electronic Visit Verification)
- ☐ Supervising assistants
- ☐ Bilingual:
- ☐ Other:

5. EMPLOYMENT HISTORY (MOST RECENT FIRST; ATTACH RESUME FOR MORE)

Employer, city & phone	Title / position	From – To	Supervisor	Reason for leaving

May we contact your current employer? ☐ Yes ☐ No

6. EDUCATION

School / program	City, state	Degree / certificate	Year completed

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7. PROFESSIONAL REFERENCES (NOT RELATIVES OR FRIENDS)

Name	Title / relationship	Phone	Email

8. SCREENING QUESTIONS

Have you ever been excluded, suspended, or debarred from a federal or state healthcare program (OIG/LEIE, SAM, AHCCCS)? ☐ Yes ☐ No

If yes, explain:

Has any professional license or certification you hold ever been suspended, revoked, restricted, or placed on probation? ☐ Yes ☐ No

If yes, explain:

Have you ever been terminated or asked to resign from a healthcare position? ☐ Yes ☐ No

If yes, explain:

Are you, or have you ever been, listed on the Arizona Adult Protective Services (APS) Registry? ☐ Yes ☐ No

If yes, explain:

Do you consent to a background check, an Arizona APS Registry check, and verification of your license(s) and references? ☐ Yes ☐ No

Do you have reliable transportation and can you travel to in-home visits? ☐ Yes ☐ No

Do you have reliable internet and a private space for telehealth visits (if applicable)? ☐ Yes ☐ No

A record of conviction does not automatically disqualify an applicant. The nature, date and relevance of any offense to the position will be considered, consistent with Arizona Fingerprint Clearance Card and DDD requirements.

9. APPLICANT CERTIFICATION (PLEASE INITIAL EACH STATEMENT AND SIGN)

The information in this application and my resume is true and complete. I understand that false or omitted information may result in rejection or termination of employment or contract.	**Initials**
I authorize Trident Lake Health Inc. to verify my licenses, education, employment history, references, and exclusion-list status, and Arizona APS Registry status, and to conduct a background check. I release those providing information from liability.	**Initials**
I understand any offer is contingent on a valid Arizona Level One Fingerprint Clearance Card, current license(s), required trainings, and satisfactory verification.	**Initials**
I am not bound by any non-compete or non-solicitation agreement that would prevent me from working with Trident Lake Health Inc., or I have disclosed it.	**Initials**
I understand that if hired as a W-2 employee, employment is at will. If engaged as a 1099 contractor, I am an independent contractor and not an employee, paid per visit, responsible for my own taxes, transportation, and professional liability insurance, and the terms of my Independent Contractor Agreement govern.	**Initials**
I will not make independent arrangements with patients, clients, or families for services outside of Trident Lake Health Inc.	**Initials**

Applicant signature	Printed name	Date

Equal Opportunity: Trident Lake Health Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other protected status. Applicants who need a reasonable accommodation may contact info@tridentlakehealth.com. Applications are kept on file for 120 days. Social Security number, date of birth, emergency contact, and tax forms are collected only after an offer, during onboarding.

OFFICE USE: Received by / date	License verified (date)	Exclusion check: OIG / SAM / AHCCCS / APS Registry (date)	Decision / start date