



3507 North Central Avenue  
First Floor  
Phoenix, Arizona 85012  
Phone 602-264-1444 Fax 602-264-1443

*Electronic Signature Verifications*

**Please sign and date each signature line for your file application and fax this form to Dependable Staffing at 602-264-1443.**

**1) Application authorization and release**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. Further, I release all parties (Dependable Staffing and its agents) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision. Due to the large number of applications that Dependable Staffing receives, I understand that Dependable Staffing cannot make any guarantees that my application will be considered for any or all open positions that Dependable Staffing may have currently or receive in the future, or that my application will be considered for any specific length of time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued policies and procedures of Dependable Staffing and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party. Pursuant to Arizona state law, Dependable Staffing currently participates in the E-Verify program ( [Everify Poster English](#)) or ( [Everify Poster Spanish](#)) to verify the eligibility of all newly hired employees to work in the United States.

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

**2) Substance Abuse Policies receipt and agreement**

I hereby acknowledge that I have received, read, understand and agree to comply with the Dependable Staffing Services' Substance Abuse Policy (pdf). Furthermore, I understand that this document does not constitute an obligation or contract of employment.

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

**3) Personnel Policies receipt and agreement**

Due to the dynamic nature of our business, the growth of Dependable Staffing Services, and the suggestions you and your fellow employees may make, Dependable Staffing reserves the right to interpret, amend, modify, or cancel and withdraw any or all sections or provisions of this manual at any time.

The policies and guidelines summarized here have been adopted voluntarily by Dependable Staffing for its employees and are not intended to give rise to contractual rights or obligations, nor to be construed as a guarantee of employment for any specific period of time or any specific type of work.

The policies and procedures described herein are summarized. If you need additional information about any items covered here or about your job, you are encouraged to contact your Staffing Coordinator or a Dependable Staffing Manager.

I hereby certify that as of the date below, I have read, understand, and agree to comply with Dependable Staffing Services' Personnel Policies (pdf). I also understand that failure to do so may result in disciplinary action up to and including termination.

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



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**4) Reference Verification and background check release and authorization**

I hereby authorize the above named organizations or persons to release any and all information pertaining to my (past) employment, including, but not limited to, the information requested, such as job knowledge, attitude, dependability, punctuality, and personal appearance.

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

**5) Blood Borne Pathogens Examination**

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

**6) HIPPA Acknowledgement**

I acknowledge the confidentiality of patient health care information ("Confidential Patient Information") that I may receive or have access to in the course of providing patient care services in facilities at which I am assigned with Dependable Staffing Services. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the policies and procedures of each facility where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Dependable Staffing Services and the conclusion of any assignment at a client facility of Dependable Staffing Services.

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

**7) Patient Confidentiality Oath**

I understand and agree that in the performance of my duties as an employee of Dependable Staffing, I must hold medical information in confidence. Further, I understand that intentional or involuntary violation of my employer's confidentiality may result in disciplinary action as described above.

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

**8) Certification of Hepatitis B Inoculation or release**

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

**9) Certification of MMR Inoculation or release**

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

**10) Annual In-service Modules**

As an employee of Depend able Staffing Services, I hereby certify that I have reviewed the in-service documents or attended an in-service within the past year.

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

**11) Applicant Job Description**

I have reviewed and understand this job description for the position I have applied. I agree to perform these tasks and others as assigned or directed by Dependable Staffing Services to the best of my abilities within the scope of my applicable licensure.

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



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**12) Skills Checklist**

I have completed the Skills Checklist to the best of my knowledge.

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

**13) Position Specific Exams (if Applicable)**

I have completed the exams specific to the position for which I have applied with Dependable Staffing.

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

**Congratulations! Please fax all 3 signature pages to 602-264-1443 to complete your application process. A staffing coordinator will contact you upon receipt to process your application. Thank you for Applying with Dependable Staffing, we look forward to working with you!**