



# Zarephath

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*“Creative Behavioral Health Solutions”*

## **New Hire Packet**

Welcome to the Zarephath Team! This packet should answer your questions, but should you need any assistance please call our office directly @ 480-518-6826 Thank you.

Zarephath is a equal opportunity employer to all people.  
We also value our team members input, we want you to know that we are here for your success and we are open to your input, comments and suggestions.

## **Table of Contents**

- 1) Introduction Letter
- 2) Client Confidentiality / Mandatory Reporter
- 3) Self Declaration of Criminal History (Must be Notarized)
- 4) Criminal History Affidavit (Must be Notarized)
- 5) Three Letters of Reference (Mailed directly from *Your Reference Provider* to Zarephath)
- 6) Arizona Drivers License & Social Security Card
- 7) Arizona Fingerprint Card Instructions
- 8) Additional Requirements
- 9) W-4 Form
- 10) I-9 Form
- 11) Notice 797
- 12) Arizona Form A-4
- 13) Drug Testing policy
- 14) Drug Testing Consent
- 15) Request for Time Off
- 16) New Employee Information Sheet
- 17) MVD Driver Form

**9 - 12  
Separate  
Download**

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3524 East Washington Ave. Gilbert, Arizona 85234  
P 480.518.6826 F 480.361.9144 E info@zrpath.com  
[www.zrpath.com](http://www.zrpath.com)



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## **Conditional Job Offer Letter**

To Whom it May Concern,

On behalf of Zarephath, I am pleased to extend a conditional offer of employment to you.

Enclosed you will find several items which outline our pre-employment screening process. Please be advised that our offer of employment is conditional upon you successfully passing the pre-employment screening, which includes: criminal history, motor vehicle operations records, workers compensation records and pre-employment drug screen.

Before your start date you will attend a new-hire orientation sponsored by Human Resources, which will provide information about Zarephath's compensation, policies, procedures and benefits.

In order to remain in compliance with the Immigration Act of 1986, please bring documents to establish your identity and authorization to work in the United States. (I-9 Form enclosed, copy of SS Card and AZ DL ) In addition, please complete the enclosed packet and submit to Zarephath.

We look forward to you accepting and joining the Zarephath team. We feel that you will make a great contribution to Zarephath. If you have any questions prior to your start date, please feel free to call me directly at (480) 518-6826.

Your employment with Zarephath is "at will". "At will" is defined as allowing either Employee or Employer to terminate the Agreement at any time, for any reason permitted by law, with or without cause and with or without notice.

*PLEASE BE REMINDED THAT ZAREPHATH DOES NOT WANT YOU TO USE OR BRING WITH YOU TO ZAREPHATH, AT ANY TIME, ANY CONFIDENTIAL INFORMATION, TRADE SECRETS AND/OR PROPRIETARY INFORMATION OF ANY OF YOUR FORMER EMPLOYERS.*

Sincerely,

Mark A. Williams  
President

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## **Client Confidentiality / Mandatory Reporter of Child Abuse**

As an team member of Zarephath, I fully understand the following:

All Client/patient information that I may read, see or hear is strictly confidential; this includes but is not limited to any information related to our clients or their families. By becoming a Zarephath team member, I am acknowledging the confidentiality of our consumers and will not discuss such information outside of appropriate Zarephath related venues.

As an team member of Zarephath, I fully understand that I must (under penalty of Federal Law) report any suspected child abuse. This includes but is not limited to physical, mental and emotional abuse. If I suspect that any child in my care is being abused, I agree to report this information immediately to the management of Zarephath and also report immediately to 1-800-SOS-CHILD or CPS directly.

I have read and understand the above statements and agree to follow them.

Team Member: \_\_\_\_\_

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

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**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Community Service Agency  
SELF DECLARATION OF CRIMINAL HISTORY**

Name of Direct Service Person:	Title of Position:
Address: _____ Street: _____	City: _____ State: _____ Zip: _____ County: _____
Facility Name: _____ Address Street: _____	City: _____ State: _____ Zip: _____ County: _____

**Attestation:**

I hereby attest and certify that I

- a). have not ever been convicted of committing;  
 b). have not admitted in open court or pursuant to a plea agreement to committing; and  
 c). Am not awaiting trial on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction:

**Initial each box following offense**

Offense	Initials	Offense	Initials	Offense	Initials
first or second degree murder		child abuse		commercial sexual exploitation of a minor or vulnerable adult	
attempted first degree murder		abuse of a vulnerable adult		sexual conduct with a minor	
kidnaping		neglect of a vulnerable adult		molestation of a child	
arson		sexual abuse of a minor		molestation of a vulnerable adult	
sexual abuse		continuous sexual abuse of a child		exploitation of minors involving drug offenses	
incest		sexual abuse of a vulnerable adult		involving or using minors in drug offenses	
a dangerous crime against children as defined in A.R.S.13-604.1		sexual assault		Robbery	
child prostitution as defined in A.R.S.13-3206		sexual exploitation of a minor		aggravated assault	

**Notarization**

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

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

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year)

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public=s Signature*



The offenses and statutory references listed on the previous page may be modified at any time due to legislative action. For the current list of legislatively mandated precluded offenses refer to A.R.S. § 41-1758.03.

If the Department of Public Safety is unable to determine within 15 business days of receipt of the person's state or federal criminal history record information whether the person is awaiting trial on or has been convicted of committing any of the offenses listed on the previous page, the department MAY NOT issue a Fingerprint Clearance Card (A.R.S. § 41-1758.03.O). However, the person MAY request a good cause exception hearing pursuant to A.R.S. § 41-619.55.

Pursuant to A.R.S. § 36-88'D.02(G)(2)('J), A.R.S. §41-1964(B)(2)(3)

Yes      No

1. Parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201.11.
2. Had a license or certificate to operate a facility for the care of children denied or revoked in this or any other state.

Pursuant to A.R.S. § 46-141

Yes      No

1. Have you ever committed any act of sexual abuse of a child including sexual exploitation and commercial sexual exploitation or any act of child abuse?

Applicant's Name (please print)

Date

#### NOTARIZATION

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

\_\_\_\_\_  
*Applicant's signature*

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year).

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public's Signature*



# Zarephath

*“Creative Behavioral Health Solutions”*

## Direct Service Staff Reference Form Instructions

Please fill out 3 Reference Forms, remember the individual giving the reference cannot be a family member. Have your reference providers mail the completed forms directly to Zarephath at: 3524 E. Washington Ave. Gilbert, AZ 85234

### Form Instructions

a). Name Direct Service Person: **Your Name Here**    b). Title of Position: **Leave Blank**

c). Home Address: **Your Address Here**

d). Facility Name: **Zarephath**                      City: **Gilbert**                                      State: **AZ**

Address: **3524 East Washington Ave**                      Zip: **85234**                      County: **Maricopa**

I,   **Your Name Here**  

(print name) give consent for the individual giving this reference for me to release the information requested in box (2) below to the Facility listed in box (1) d). above.

**You Sign & Date Here**

*Signature of direct service staff person requesting the reference    Date of Signature*

**The remainder is to be completed by your reference providers.**

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[www.zrpath.com](http://www.zrpath.com)

**Community Service Agency Title XIX Certification**

**DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM**

**Instructions:** This form is to be completed by an individual who has knowledge about the applicant's employment history, education or character. The individual giving the reference cannot be a family member. The completed **DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM** should be sent to the Facility listed in box (1) d) below. All fields are required for the reference to be considered complete.

<b>(1) To be completed by the direct service staff or contractor requesting the reference:</b>	
a). Name of Direct Service Person:	b). Title of Position:
c). Home Address: Street: _____ City: _____ State: _____ Zip: _____ County: _____	
d). Facility Name: _____ City: _____ State: _____ Address Street: _____ Zip: _____ County: _____ <u><b>Return the reference form to this Facility/Address</b></u>	
I, _____ (print name) give consent for the individual giving this reference for me to release the information requested in box (2) below to the Facility listed in box (1) d). above.	
_____ <i>Signature of direct service staff person or contractor requesting the reference</i>	
_____ <i>Date of Signature</i>	
<b>(2) To be completed by the individual giving the reference:</b>	
a). How long have you known this person? _____ Years _____ Months	d). Please comment on the applicant's education and training:
b). In what capacity have you known the person? _____ professional _____ personal Comments: _____ _____ other/specify: _____	
c). Please comment on the applicant's employment history:	e). Please comment on the applicant's character:

Please attach additional pages if necessary to complete your comments.

\_\_\_\_\_  
 Signature of Person Giving Reference

\_\_\_\_\_  
 Date of Reference

## Community Service Agency Title XIX Certification

### DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM

**Instructions:** This form is to be completed by an individual who has knowledge about the applicant's employment history, education or character. The individual giving the reference cannot be a family member. The completed **DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM** should be sent to the Facility listed in box (1) d) below. All fields are required for the reference to be considered complete.

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a). Name of Direct Service Person:	b). Title of Position:
c). Home Address: Street: _____ City: _____ State: _____ Zip: _____ County: _____	
d). Facility Name: _____ City: _____ State: _____ Address Street: _____ Zip: _____ County: _____ <b><u>Return the reference form to this Facility/Address</u></b>	
I, _____ (print name) give consent for the individual giving this reference for me to release the information requested in box (2) below to the Facility listed in box (1) d). above.	
_____ <i>Signature of direct service staff person or contractor requesting the reference</i>	_____ <i>Date of Signature</i>
<b>(2) To be completed by the individual giving the reference:</b>	
a). How long have you known this person? _____ Years _____ Months	d). Please comment on the applicant's education and training:
b). In what capacity have you known the person? _____ professional _____ personal Comments: _____ _____ other/specify: _____	
c). Please comment on the applicant's employment history:	e). Please comment on the applicant's character:

*Please attach additional pages if necessary to complete your comments.*

\_\_\_\_\_  
*Signature of Person Giving Reference*

\_\_\_\_\_  
*Date of Reference*

**Community Service Agency Title XIX Certification**

**DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM**

**Instructions:** This form is to be completed by an individual who has knowledge about the applicant's employment history, education or character. The individual giving the reference cannot be a family member. The completed **DIRECT SERVICE STAFF OR CONTRACTOR REFERENCE FORM** should be sent to the Facility listed in box (1) d) below. All fields are required for the reference to be considered complete.

(1) To be completed by the direct service staff or contractor requesting the reference:	
a). Name of Direct Service Person:	b). Title of Position:
c). Home Address: Street: _____ City: _____ State: _____ Zip: _____ County: _____	
d). Facility Name: _____ City: _____ State: _____ Address Street: _____ Zip: _____ County: _____ <p style="color: red; margin-top: 5px;"><b><u>Return the reference form to this Facility/Address</u></b></p>	
I, _____ (print name) give consent for the individual giving this reference for me to release the information requested in box (2) below to the Facility listed in box (1) d). above.  _____ <i>Signature of direct service staff person or contractor requesting the reference</i> <span style="float: right;"><i>Date of Signature</i></span>	
(2) To be completed by the individual giving the reference:	
a). How long have you known this person? _____ Years _____ Months	d). Please comment on the applicant's education and training:
b). In what capacity have you known the person? _____ professional _____ personal Comments: _____ _____ other/specify: _____	
c). Please comment on the applicant's employment history:	e). Please comment on the applicant's character:

Please attach additional pages if necessary to complete your comments.

\_\_\_\_\_  
*Signature of Person Giving Reference*

\_\_\_\_\_  
*Date of Reference*



**Zarephath**

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**Copy of Arizona Drivers License & Social Security Card**

**Arizona Drivers License**

**Social Security Card**

**(Enclose copies on separate piece of paper if necessary)**

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P 480.518.6826 F 480.361.9144 E info@zrpath.com



# Zarephath

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## Fingerprint Card Instructions

Zarephath will mail or hand deliver your fingerprint card and application to you. Upon receipt of the card contact your local law enforcement office or private fingerprinting service to have your fingerprint card completed. The following agencies are listed for your convenience:

### **Tucson**

Adult Child Identification  
3121 N Conestoga Ave  
Tucson, AZ 85749  
(520) 749-4417

Eagle Enterprises  
424 E Radburn St  
Tucson, AZ 85704  
(520) 293-5623

Ink & Roll  
Tucson, AZ 85701  
(520) 861-0626

### **Phoenix**

A 1 Immigrant Services Incorporated  
2540 E Thomas Rd Ste A  
Phoenix, AZ 85016  
(602) 977-2612

Ams Fingerprinting & Notary Mobile  
Serving Your Area  
(602) 265-5396

Anytime Mobil Fingerprinting  
613 E Holmes Ave  
Mesa, AZ 85204  
(480) 610-8396

Arizona Fire Test  
756 E Gary Dr  
Chandler, AZ 85225  
(480) 659-1100

Bci Southwest  
3580 W Electra Ln  
Glendale, AZ 85310  
(623) 581-3224

Community Wellness & Safety of Az  
522 N Gilbert Rd Ste 104  
Gilbert, AZ 85234  
(480) 892-4295



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## Additional Requirements

Please enclose copies of the following documents with your New Hire Packet.

- 1) High School Diploma or Equivalent
- 2) Current Proof of Car Insurance
- 3) TB Test Results (Tuberculosis)
- 4) CPR Card “Adult & Child”
- 5) First Aid Card
- 6) Resume (Optional)
- 7) Any and All Behavioral Health Training Certificates (Optional)
- 8) Relevant Certifications, Trainings or License's (Optional)

### CPR / First Aid Training

#### Phoenix

American Red Cross  
The Grand Canyon Chapter  
6135 N Black Canyon Hwy  
Phoenix, AZ 85015-1892  
E-mail: [gcccomm@arizonaredcross.org](mailto:gcccomm@arizonaredcross.org)  
Phone: 602-336-6660  
Fax: 602-336-5770  
Web site: <http://www.arizonaredcross.org>

#### Tucson

American Red Cross  
Southern Arizona Chapter  
4601 E Broadway Blvd  
Tucson, AZ 85711-3511  
E-mail: [questions@tucson-redcross.org](mailto:questions@tucson-redcross.org)  
Phone: 520-318-6740  
Fax: 520-318-6749  
Web site: <http://www.sazredcross.org>

### TB Testing

#### Phoenix

Bendel Clinic \$15  
6553 E Baywood Ave. Ste 203  
Mesa, AZ 85206  
480-218-7800

Bendel Clinic \$15  
4616 N. 51st Ave. Ste 212  
Phoenix, AZ 85031  
623-245-3250

#### Tucson

T B Control \$11  
150 W. Congress  
Rm. 162 Tucson, AZ 85701  
*Skin Tests Not Available on Thursdays*  
520-740-8406  
Mon, Wed, Fri 8:30-11:30 Tues, Thur 1-4  
<http://www.pimahealth.org/tbclinic.htm>



# Zarephath

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## Drug Testing Policy

Zarephath is committed to providing a safe work environment and to fostering the well-being and health of its **employees**. That commitment is jeopardized when any Zarephath employee illegally uses drugs on the job; comes to work under the influence; possesses, distributes or sells drugs in the workplace; or abuses alcohol on the job. Therefore, Zarephath has established the following policy:

1. It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on the job.
2. It is a violation of company policy for anyone to report to work under the influence of illegal drugs or alcohol.
3. It is a violation of the company policy for anyone to use prescription drugs illegally. (However, nothing in this policy precludes the appropriate use of legally prescribed medications.)
4. Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of the company's supervisors to counsel **employees** whenever they see changes in performance or behavior that suggest an employee has a **drug** problem. Although it is not the supervisor's job to diagnose personal problems, the supervisor should encourage such **employees** to seek help and advise them about available resources for getting help.

Everyone shares responsibility for maintaining a safe work environment, and co-workers should encourage anyone who has a substance abuse problem to seek help. The goal of this policy is to balance our respect for individuals with the need to maintain a safe, productive and **drug-free** environment. The intent of this policy is to offer a helping hand to those who need it, while sending a clear message that the illegal use of drugs and the abuse of alcohol are incompatible with employment at Zarephath.

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all **employees**. Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active **employees drug** testing

I do hereby certify that I have received, read and understand the Zarephath Substance Abuse and Testing Policy, and have had the **Drug-Free Workplace Program** explained to me. I understand that if my performance indicates it is necessary, I will submit to a **drug test**. I also understand that failure to comply with a **drug** testing request or a positive result may lead to sanctions as laid out in the policy, including termination of employment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## CONSENT FOR DRUG/ALCOHOL TESTING

If you are offered and accept employment with Zarephath, in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, \_\_\_\_\_, have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Zarephath.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

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# Zarephath

## REQUEST FOR TIME OFF FORM

**Instructions:** This form is to be used by employees to request time off. This form must be approved and signed by your supervisor or manager, then submitted to Human Resources.

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Co.: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

DAY	DATE	HOURS REQUESTED	REASON FOR TIME OFF	HOURS PAID (For Payroll use only)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Total Hours Requested** \_\_\_\_\_

**Total Hours Paid** \_\_\_\_\_

I understand that if the use of the above vacation time results in a negative balance in my vacation accrual bank, at the time of separation of employment, the full balance may be deducted from my final paycheck.

**Employee's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Approved by** \_\_\_\_\_  
Supervisor/Manager Signature
Print Name
Date

**Routing:**



# Zarephath

## NEW EMPLOYEE INFORMATION SHEET

**Instructions:** This form is to be completed by all employees.

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: F M (*circle one*)

Marital Status: Single Married (*circle one*) Telephone Number: ( ) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project/Dept.: \_\_\_\_\_ Department #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Location: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Education

School Name	Degree/Major	Grad. Date	Credits Earned	Credits Rem.	GPA

### Other Training (military, vocational training, etc.)

Type of Training	Year	School Name/Military Branch/Training Provider

### This section to be completed by Human Resources

Job Title: \_\_\_\_\_ Job Code: \_\_\_\_\_ Grade: \_\_\_\_\_ E NE (*circle one*)

Starting Salary: \_\_\_\_\_ Next Review: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Vacation Code: \_\_\_\_\_ Sick Code: \_\_\_\_\_ Direct Deposit: \_\_\_\_\_

Withholding: \_\_\_\_\_ Reg/Temp: \_\_\_\_\_ Rehire Date: \_\_\_\_\_

Deductions: \_\_\_\_\_ LTD: \_\_\_\_\_ Medical \_\_\_\_\_ Dental: \_\_\_\_\_

**Routing:** Human Resource Only

# Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with Zarephath, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies which maintain such records: as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to: Zarephath or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Zarephath's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

---

**Full Legal Name (include Middle Initial)**

---

**Drivers License Number**

---

**Signature**

---

**Date of Birth**

---

**Date**

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