



Application for Employment
Equal Opportunity Employer
(In-Home Aide, Certified Nursing Assistant, Habilitation Technician)

Name: _____
 Last First Middle Initial Social Security Number

Address: _____ Phone: (____) _____
 _____ Cell Phone (____) _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Position Desired: _____ Date available: _____

Hours Desired: _____ Available on weekends? Yes _____ No _____

Salary Desired: _____ Are you currently employed? Yes _____ No _____

Have you been convicted of a crime greater than a misdemeanor? Yes _____ No _____

Have you been convicted of a DUI, DWI or reckless driving? Yes _____ No _____

If yes, please explain: _____

(Please use the back of this page if needed to continue)

Are you 18 years old or older? Yes _____ No _____

Can you lift at least 50 pounds? Yes _____ No _____

Have you ever worked for Advantage? Yes _____ No _____

Have you continuously lived and/or worked in NC for the past 5 years Yes _____ No _____

EDUCATION:

High School:	Graduated:	Yes	No
Address:	Year Graduated:		

Are you currently working as a: (circle)

- CNA (Certified Nursing Assistant)
- IHA (In-Home Assistant)
- Hab-Tech (Habilitation Technician)



Please circle any certifications/training you currently have and provide Advantage with corresponding current documentation:

IHA & CNA: Drivers License Car Insurance CPR First Aid
TB Test

Hab-Tech: Drivers License Car Insurance CPR First Aid
NCI A/B Medication Management Person Centered Planning

EMPLOYMENT HISTORY:

Please list last **three** employers starting with the most **recent first**.

1. Name of Employer: _____ Supervisor: _____
Address: _____
Phone number (____) _____ - _____ Position _____
Hourly Wage _____ Dates Employed: From: _____ To: _____
Reason for Leaving: _____
May we contact this employer? Yes _____ No _____

2. Name of Employer: _____ Supervisor: _____
Address: _____
Phone number (____) _____ - _____ Position _____
Hourly Wage _____ Dates Employed: From: _____ To: _____
Reason for Leaving: _____

3. Name of Employer: _____ Supervisor: _____
Address: _____
Phone number (____) _____ - _____ Position _____
Hourly Wage _____ Dates Employed: From: _____ To: _____
Reason for Leaving: _____



Care Giver Experience – Have you taken care of family members or friends who needed help with bathing or personal care, paid or unpaid? (If yes, please explain)

Other relevant experience: _____

PERSONAL REFERENCES

Name	Relationship	Telephone Number	Years Known

How did you hear about our agency? _____

I understand that this application is not a contract of employment. If I am not a citizen of the United States I understand that to be employed I must be lawfully authorized to work. I also understand that I must provide documentation proving this if I am offered employment.

I certify that the facts and statements in this application, resume, and any other documents submitted are true and complete to the best of my knowledge. I understand that any falsification or willful omission of any information shall be sufficient cause for denial of employment, and if employed grounds for dismissal.

I further understand that the company will thoroughly investigate my work and personal history, and verify all data given on this application, related papers and interviews. I authorize all references, employers, schools, and firms named within to provide any information requested about me and I release them from all liability for damage in providing this information.

I understand that ACS follows an employment at will policy, in that I or the employer may terminate employment at any time, for any reason consistent with applicable state or federal law.

As part of the process of determining your eligibility for employment a background check is required initially and annually thereafter by Advantage Care Services (ACS). By signing below you give ACS permission to conduct a background check.

Signature: _____ **Date:** _____



APPLICANT DISCLOSURE AND CONSENT FOR BACKGROUND INVESTIGATION

As part of the process of determining your eligibility for employment a background check is required initially and annually thereafter by Advantage Care Services (ACS). ACS will conduct an investigation of your background by obtaining a background check from a Consumer Reporting Agency of ACS's choice. The background check information contained in your report will not be used in violation of any federal or state Equal Employment Opportunity laws. If the background check is unfavorable you will be notified of that fact by letter from ACS and a summary of your rights (as outlined in the Fair Credit Reporting Act). The first letter is not necessarily a disqualification of employment with ACS. ACS management will review the offense and make a decision in accordance with federal and state law. A second letter will be mailed to you in five business days informing you of our decision, your rights under the Fair Credit Reporting Act, as well as the name, address and telephone number of the consumer reporting agency that furnished your report to us.

It is a North Carolina law (NC Senate Bill 41) that states that Advantage is not allowed to provide you with a copy of your background report. If you are disqualified based on information from your background report you may schedule a time with the receptionist to come in and review the offense on which we made the decision. The following is the text of the law preventing us from providing you with a copy of the background report.

I hereby authorize ACS to proceed with an independent investigation of my background by obtaining this report from a Consumer Reporting Agency of their choice.

I understand and agree that the information contained in my report will be used solely to help determine my eligibility for employment. I also understand that the information in my report will be kept confidential and secure at all times. To assist ACS in obtaining my background check, the following information is to be provided.

Full Name (please print clearly)
Date of Birth _____ **State Born in** _____
SSN _____ **Driver's License #** _____

Please list all previous names up to and including your present name for the last 10 years, (include maiden name, previous married names, aliases, etc.):

Name	Year First Used
_____	_____
_____	_____

Applicant Signature: _____ **Date:** _____

North Carolina Senate Bill 41:
G.S. 122C-80(c) reads: ". . .the provider (ACS) may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant."

The website for complete text of NC Senate Bill 41 is as follows:
<http://www.ncga.state.nc.us/Sessions/2005/Bills/Senate/PDF/S41v5.pdf>

ADVANTAGE CARE SERVICES

EMPLOYEE DATA SHEET

Employee Name: _____ **Date:** _____

DAYS/HOURS AVAILABLE:

DAY	FROM	TO
Sunday	AM PM	AM PM
Monday	AM PM	AM PM
Tuesday	AM PM	AM PM
Wednesday	AM PM	AM PM
Thursday	AM PM	AM PM
Friday	AM PM	AM PM
Saturday	AM PM	AM PM

Available For: In Home Care CNA CNA / Facility Staffing Work with Children

Current Certifications: (i.e. CPR, First Aid, NCI, etc.)

For In Home Aides and CNAs for home care (please circle all that apply):

Prefer home with: Pets No Pets Only Cats Only Dogs

Smoking No Smoking

Other: _____

Primary Language: _____ Secondary Language: _____

Please list the specific locations/areas you prefer to work in and are willing to travel to for work: (for example – Swannanoa, Leicester, Arden, Hot Springs, etc.)
