



# ADVANTAGE CARE IN HOME SERVICES ADVANTAGE CARE COMMUNITY SERVICES

**ADMINISTRATIVE OFFICE**  
**103 Wortham Court**  
**Henderson, NC 27536**  
**252.433.6100**  
**252.430.7878**  
**Fax: 252.492.5212**

**VOCATIONAL CENTER**  
**265 Satterwhite Point Road**  
**Henderson, NC 27536**  
**252.436.0007**  
**Fax: 252.430.0000**

**DURHAM OFFICE**  
**3600 N. DUKE ST., STE 5**  
**DURHAM, NC 27704**  
**919.471.1314**  
**Fax: 919.471.0831**

**YANCEYVILLE OFFICE**  
**200 EAST CHURCH STREET**  
**YANCEYVILLE, NC 27379**  
**336 694-1811**  
**Fax 336 694-1813**  
**Fax 336 694-**

## EMPLOYEE APPLICATION

***We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Administrative Department of Advantage Care.***

*(Please Print)*

Position(s) Applied For:	Date of Application:		
How did you learn about us? <i>Circle One:</i> _____ <i>Advertisement      Friend      Inquiry      Employment Agency      Relative      Other</i> _____			
Last Name	First Name	Middle Initial	
Address	Street	City	State/Zip Code
Telephone Number(s):		Social Security Number (Voluntary):	
What is the best time to contact you at home?			

**Highlight One:**

Are you 18 years old or older?	Yes	No
Have you ever completed an application with us before? If yes, give date: _____	Yes	No
Have you ever been employed with us before? If yes, give date: _____	Yes	No
Do any of your friends or relatives work here? If yes, give name and relation: Name _____ Relation _____	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Have you ever been convicted of a felony or misdemeanor? If yes, explain: _____ _____ _____	Yes	No

Have you ever been charged with abuse or neglect? If yes, explain: _____	Yes	No
Other than your children, are you presently legal guardian of anyone? _____ yes _____ no If yes, give details: _____		
Date Available to Work:	Hours available:	
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Can you travel if the job requires it?	Yes	No

**SKILLS AND QUALIFICATIONS**

<b>Driver's License #:</b> _____ <b>State</b> _____ <i>(May be required for certain positions)</i>	<b>Other Languages Spoken:</b> _____
<b>Professional License(s):</b> Type _____ Number _____ Exp. _____ Type _____ Number _____ Exp. _____ Type _____ Number _____ Exp. _____	<b>Certifications:</b> _____ _____ _____
<b>Computer Skills:</b> <i>(check all appropriate boxes)</i> <input type="checkbox"/> Word Processing      Typing Speed: _____ wpm <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Email <input type="checkbox"/> Internet	<b>Other Equipment:</b> <i>(check all that apply)</i> <input type="checkbox"/> Calculator <input type="checkbox"/> Facsimile <input type="checkbox"/> Xerox
<b>Special Training:</b> Type of Training _____ Year _____ Type of Training _____ Year _____ Type of Training _____ Year _____	<b>Other Special Skills:</b> _____ _____ _____

**EDUCATIONAL BACKGROUND**

Name and Address of School	Year of Graduation	Type of Degree or Diploma	Major (if applicable)
High School			
College or University			
Technical or Training School			

**REFERENCES**

NAME	TELEPHONE NUMBER	RELATIONSHIP	# OF YEARS KNOWN

**ADVANTAGE CARE COMMUNITY SERVICES, INC.**

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Name \_\_\_\_\_ Application Date \_\_\_\_\_

**WORK HISTORY**

<b>Current or Last Employer:</b>	<b>Address:</b>
<b>Supervisor's Name:</b>	<b>Telephone #:</b>
<b>Job Title:</b>	<b>May We Contact This Employer:</b> Yes    No <i>(circle one)</i>
<b>Length of Employment:</b> Full Time _____ Part Time _____ <b>Start Date:</b> _____ <b>End Date:</b> _____	<b>Salary:</b> \$ _____ per _____
<b>List Major Duties Performed on this Job:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

<b>Previous Employer:</b>	<b>Address:</b>
<b>Supervisor's Name:</b>	<b>Telephone #:</b>
<b>Job Title:</b>	<b>May We Contact This Employer:</b> Yes    No <i>(circle one)</i>
<b>Length of Employment:</b> Full Time _____ Part Time _____ <b>Start Date:</b> _____ <b>End Date:</b> _____	<b>Salary:</b> \$ _____ per _____
<b>List Major Duties Performed on this Job:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

<b>Previous Employer:</b>	<b>Address:</b>
<b>Supervisor's Name:</b>	<b>Telephone #:</b>
<b>Job Title:</b>	<b>May We Contact This Employer:</b> Yes    No <i>(circle one)</i>
<b>Length of Employment:</b> Full Time _____ Part Time _____ <b>Start Date:</b> _____ <b>End Date:</b> _____	<b>Salary:</b> \$ _____ per _____
<b>List Major Duties Performed on this Job:</b> _____ _____ _____	<b>Reason for Leaving:</b> _____ _____

*Please read all of the statements below and then sign at the bottom, acknowledging that you have read these statements and understand each one in reference to your possible employment.*

### **APPLICANT'S STATEMENT**

I certify that the answers given within this application are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. I understand that any applicant wishing to be considered for employment beyond this time should inquire after the 90 day period to determine whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

### **BACKGROUND CHECKS**

All applicants are required to submit a criminal background check prior to employment. If hired, you will be offered employment on the basis of the information found within that report. At a later time, Advantage Care will do a complete state background check of our own that we do on all employees. If this report should come back with any incriminating evidence, you may not be eligible for continued employment with Advantage Care. By signing below, you confirm that you understand Advantage Care's policy related to background checks.

### **INDEPENDENT CONTRACTOR DISCLOSURE**

I understand that if I am hired through Advantage Care, I will be considered an Independent Contractor. As an Independent Contractor, I will be responsible for paying my own taxes. I also understand that Advantage Care is relieved of all financial responsibility for the payment of my personal taxes. I further recognize that at the close of each tax year, I will receive a 1099 Miscellaneous Non-Employee Income Statement, which should be used to compute my personal income taxes, independent of my employer, Advantage Care.

### **WORKING WITH FAMILY**

Medicaid regulations will not allow direct care providers to service immediate family. Therefore, Advantage Care does not employ family members to work with their immediate family members. The following are considered immediate family: mother, father, brother, sister, grandparents, grandchildren, children and spouse. This includes "step" and "in-law" relationships. As a potential employee of Advantage Care, I hereby acknowledge that I am aware of the above regulation and policy. I confirm that I will not be working as a service provider with my immediate family. I further confirm that I will not knowingly accept assignments with immediate family. This does not apply to clients in the CAP program. I also understand that I will be terminated from my employment with Advantage Care if it is found that I have knowingly misled the agency by disregarding this regulation.

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*Applicant's Signature*

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*Date*