



APPLICATION FOR EMPLOYMENT

Position: _____ File #: _____ Yr.: _____

AbleCare Corporation is an equal opportunity employer and does not discriminate based on race, age, color, handicap, religion, national origin, medical condition, marital status, or sex.

GENERAL DATA			
Name (Last)		(First)	(Middle)
Present Address		(City)	(State) (Zip) Home Phone Number
Years at Above Address	Drivers Lic. No. & State (If job involves Driving)	Exp. Date	Social Security Num.
Date of Application	Position Applied For	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Shift/Hrs. Available
If employed in the position for which you have applied would you be in a supervisory or subordinate relationship to any relative or member of your household?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL DATA			
Name, address and telephone number of person to be notified in case of accident or emergency:			
If under 18 years of age, can you submit a work permit after employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, VISA NUMBER:	
List memberships in professional organizations which you feel would enhance your application, excluding any whose names would indicate the race, religious creed, color, national origin, or ancestry of its members.			
How did you learn of this job opening?			
Have you ever been convicted of a crime other than traffic infractions?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(If "YES", please explain: NOTE: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)			
PROFESSIONAL & TECHNICAL APPLICANTS ONLY			
Professional Lic. No.	Expiration Date	Type of License	State
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SKILLS			
Type? <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____ Shorthand? <input type="checkbox"/> YES <input type="checkbox"/> NO WPM _____			
Machines Operated			
Other Training/Skills, Including Bilingual Ability			
Military experience in armed forces of the U.S. or in a state militia (U.S.).			
Service Branch	Initial Rank	Final Rank	Specialty
Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", you may explain:			

EDUCATION

Type	Name of School & Address	No. of Yrs.	Courses or Major	Diploma/Degree
High School				
College				
Trade, or Other Prof. School				

WORK EXPERIENCE – BEGINNING WITH MOST RECENT JOB. PLEASE FULLY ACCOUNT FOR ALL TIME, INCLUDING PERIODS OF UNEMPLOYMENT AND ANY PRIOR EMPLOYMENT BY THIS FACILITY. (USE ADDITIONAL SHEET FOR ADDITIONAL EMPLOYMENT INFORMATION).

Name of Last/Present Employer	Supervisor's Name	Your Position & Duties	Starting Date	Last Date
Street Address	Supervisor's Title		Starting Pay	Lvg. Pay
City, State	Phone No.	Your Title	May We Contact Now?	Reason for Leaving
Name of Last/Present Employer	Supervisor's Name	Your Position & Duties	Starting Date	Last Date
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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by _____ unless I have indicated to the contrary. I authorize the references listed above to provide _____ any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to _____ as well as from the use of disclosure of such information by _____ or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the company and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that no employee or representative of the company other than the president of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the company may not alter the at-will nature of the employment relationship unless he/she does so specifically in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.

Applicant's Signature _____ Date _____



Pre-Employment Screening Process

We appreciate your interest in AbleCare Corporation. Enclosed in the employment package is documentation required for pre-employment screening.

Please read all of the information thoroughly and complete the paperwork included in the packet before returning it to the office for processing.

This packet includes the following:

- Employment Application (Must be signed and dated)
- Background Authorization form
- Driver Privacy Protection Act Authorization
- DMV Authorization form
- Three (3) References (2 must be professional and 1 other reference, Professional or Personal)

Please fill out all forms completely and sign before returning. Failure to complete the forms in their entirety may result in your packet not being accepted.

When you return the packet, please bring the following items:

- High School Diploma, G.E.D., or other equivalency.
- College/University Degree and Transcripts for individuals applying for a QP level position.
- Current Driver's License
- Social Security Card

Please bring any of the following current trainings or requirements listed below that you have completed:

- NCI (North Carolina Interventions)
- Adult and Child CPR
- First Aid
- OSHA – Bloodborne Pathogens
- *Medication Administration (Bring only if completed by our agency nurse)



RELEASE AND AUTHORIZATION TO OBTAIN AND/OR INVESTIGATIVE REPORT

I, the undersigned hereby consent, authorize and release AbleCare Corporation, its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to procure consumer reports on me including, but not limited to information concerning my credit worthiness and standing, character, general reputation, sources: employment and education verifications, personal credit history based on reports from any of the credit bureaus, personal interviews, personal references, motor vehicle reports, social security number verifications, present and former addresses, criminal and civil history/records, and any other records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigative consumer report(s) authorized therein.

Further, if I am selected as an employee or independent contractor for the Company I understand and authorize that a periodic investigation may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the Company. Additionally, I hereby authorize the Company to investigate any incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDES IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature: _____

Date: _____

Please Print

Name: _____

*Date of Birth: _____

Social Security Number: _____ - _____ - _____

Gender (check one): M F

Driver's License #: _____

Issuing State: _____

Daytime Phone Number: _____

Other Name Used (alias, maiden, nickname): _____

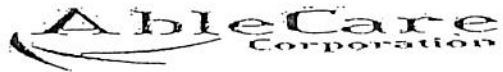
Current Address: _____

List any other Addresses that you have used in the last 7 years:

Are you applying for a position in California, Minnesota, or Oklahoma? Yes ___ No ___

If yes, would you like a copy of any consumer report requested sent to you? Yes ___ No ___

*Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age, or disability.



AbleCare Corporation

DMV Authorization Form

I, _____, Support Staff of AbleCare Corporation, authorize AbleCare Corporation to obtain my DMV record check for employment.

NCDL #: _____

DOB: _____

Signature /Title: _____

Date: _____



DATE: _____

TO: _____

REFERENCE FORM

The person listed below has applied to AbleCare Corporation for employment in the habilitation field serving individuals with mental retardation and developmental disability, and has submitted your name as a former employer for reference purposes. The serious nature of our responsibility to our clients is such that consideration of the individual by AbleCare is dependent upon receipt of satisfactory references. We would therefore, appreciate your cooperation in replying to the questions listed below. Please be assured that your responses will be kept in strictest confidence. Thank you in advance for this courtesy.

AbleCare Representative

Signature of Applicant

APPLICANT'S NAME: _____ SOC. SEC. NO.: _____

POSITIONS HELD IN REFERENCE EMPLOY: _____

EMPLOYMENT DATES FROM: _____ TO: _____

CHECK ONE: Applicant Resigned Applicant was a Temporary Employee Applicant was not eligible for rehire

WOULD YOU REHIRE? _____

PERSONAL EVALUATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Quality of Work				
Quantity of Work				
Interest & Enthusiasm				
Ability to Relate to Patients				
Ability to Relate to Staff				
Adaptability to Change				
Ability to Handle Stress				
Willingness/Ability to Float				
Attendance				
Punctuality				
Personal Appearance				

COMMENTS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____



DATE: _____

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