



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Date: _____

Name: _____
First Middle Nick Name Last

Address: _____
Street City State Zip

Cell Number: (____) _____ Home Number: (____) _____

Email Address: _____

Driver's License Number: _____ State: _____

Position: (DSP)DIRECT SUPPORT PROFESSIONAL CNA RN LPN Other: _____

Employment desired: Full-Time (35+hrs) Part-Time (20+hrs) 12-Hour Shifts Shift or Split Shift
 Live-In (Weekday) Live-In (Weekend Only) Other: _____

Will you accept work anywhere in Georgia? YES NO (If NO, list below the counties in which you are willing to work):

1. _____ 2. _____ 3. _____ 4. _____

Are you related by blood or marriage to any person now working for **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC**? YES NO

If YES, give name, relationship to you: _____

In case of

EMERGENCY notify: _____
Name Relationship Phone

Are you employed now? YES NO If so, may we inquire of your present employer? YES NO

Are you on layoff and subject to recall? YES NO

Ever applied for this company before? YES NO Where _____ When _____

Will you work overtime if required? YES NO Will you travel if required? YES NO

Are you able to meet the attendance requirements of this position? YES NO

MILITARY SERVICE

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO

Provide dates of your qualifying active military service: N/A

Entered Date: _____ Separated Date: _____

Branch: _____ Rank: _____

Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____



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EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4
 Graduate School YES NO

Are you a High School graduate? YES NO *A High School Diploma or GED is required for this position.

Current Professional Status: (List status of which you have been licensed or registered) N/A

Registration: _____ State: _____ No.: _____

Registration: _____ State: _____ No.: _____

EDUCATION		Name & Location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Last Completed			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational, Continuing Education	Currently Attending			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Last Completed			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company. _____

PREVIOUS EMPLOYMENT **Resume Attached** *Resume must be attached with this application.

Date Month & Year	Name of Current & Previous Employer	Salary	Job Title	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give the names of two persons not related to you to whom you have known at least 1 year.

Name	Relationship	Phone Number	Years Acquainted



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EQUAL OPPORTUNITY INFORMATION

State and Federal Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information request below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

GENDER

Male Female

ETHNIC GROUP

Black White Hispanic Asian American Indian

DISABILITY

NOTE: The reporting of a disability is strictly VOLUNTARY.

Disability means, with respect to any individual:

- 1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- 2) A record of such an impairment; or
- 3) Being regarded as having such an impairment (Americans with Disabilities Act of 1990).

Person's with a disability who DO NOT WISH to report their disability should check item **A**. Information reported on this form will be kept confidential as required by State Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- | | |
|--|---|
| <input type="checkbox"/> A None/Prefer NOT TO REPORT | <input type="checkbox"/> G Nervous System/Neurological Disorder |
| <input type="checkbox"/> B Blind or Severely Visually Impaired | <input type="checkbox"/> H Health Concerns |
| <input type="checkbox"/> C Deaf or Severely Hearing Impaired | <input type="checkbox"/> I Intellectual Developmental Disability |
| <input type="checkbox"/> D Loss of limited use of arms and/or hands | <input type="checkbox"/> J Learning Disability |
| <input type="checkbox"/> E Non-Ambulatory (use of wheelchair) | <input type="checkbox"/> K Mental Health Concerns |
| <input type="checkbox"/> F Respiratory Impairment | <input type="checkbox"/> L Other: _____ |

INITIAL AUTHORIZATIONS – PLEASE READ CAREFULLY

____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

____ **AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organization referenced in this application to give **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information.

____ **AT-WILL-EMPLOYMENT:** I clearly understand and agree that if I am offered employment with **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** it will be on an "At-Will" basis. Meaning that either I or **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "At-Will" nature of my employment with **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** I further understand that



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nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC**

____ **SEARCH OF PUBLIC RECORDS:** Should a search of public records, including of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgement be conducted by internal personnel employed by **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC**, I am entitled to copies of any such public records obtained by **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the bot below.

I WAVE RECEIPT OF A COPY OF ANY PUBLIC RECORD DESCRIBED IN THE ABOVE SEARCH OF PUBLIC RECORDS PARAGRAPH.

Signature of Applicant

Date

Printed Name

INITIAL **Conditions of Employment - PLEASE READ CAREFULLY**

____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** service if I have been employed. Furthermore, I understand that just as I am free to resign anytime, the **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** has the authority to make any assurances to the contrary.

Have you ever been convicted of a *felony* in the past 7 yrs.? YES NO

If yes: Explain. Such conviction may be relevant if job related, but does not bar you from employment.

Have you ever been convicted of a *misdemeanor* in the past 7 yrs.? YES NO

If yes: Explain. Such conviction may be relevant if job related, but does not bar you from employment.

____ I give the **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the



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AFFORDABLE CARE SERVICES & ENTERPRISES, LLC and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

____ The **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** is an Equal Opportunity **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC**. The **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, State or Federal law.

____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

____ This application is current for 90 days. At the conclusion of this time if I have not heard from the **AFFORDABLE CARE SERVICES & ENTERPRISES, LLC** and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date

Printed Name

Authorization to Release Information

.....
I have applied for a position with Affordable Care Services & Enterprises, LLC.

I have been requested to provide information for their use in reviewing my background and qualifications. Therefore, I hereby authorize the investigation of my past and present work, character, education, military and employment qualifications.

The release in any manner of all information by you is hereby authorized whether such information is of record or not, and I do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

This authorization is valid for 90 days from my application date.

Please keep this copy of my release request for your files. Thank you.

Employee Signature

Date

Print Name



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APPLICANT TO COMPLETE

*** FOR CRIMINAL BACKGROUND CHECK, ONLY**

Applicants First Name: _____ Middle Name: _____

Last Name: _____ Suffix: Jr Sr II III IV

Cell Number: (____) _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Sex: Male Female

Weight: _____ lb Height: _____ Eye Color: _____ Hair Color: _____

Race: Black White Hispanic Asian American Indian

Place of Birth: _____ State: _____

Country of Citizenship: USA Other: _____

Driver's License Number: _____ State: _____

Address: _____
Street City State Zip