

# Elite Care Service Inc.

Items needed to process your application are required PRIOR to employment and should be attached to your application. Providing them does not guarantee employment. Please fill out documents completely or your application may be delayed.

- High School diploma/GED or College Degree/Transcript for everyone with a degree, a SEALED transcript by the issuing institution must be provided.
- Current Driver's License, Social Security Card and a TB Test. The TB test must be valid within the last 6 months of application, the TB test can be obtained at the Cumberland County Health Department or your local county Health Department (Cost - \$13.00 is the approximate cost and tests are not done on Thursdays).
- Criminal Record Check: (Cost- \$8.00 cash) (obtainable at the Cumberland County's Sheriff's Department, located at 131 Dick Street, Phone number: (910) 677-5413, or your local county Sheriff's Office.)
- If you have been a resident of North Carolina for 5 years or less, you will be required to get fingerprint cards made at the Cumberland County's Sheriff's Department. (Cost \$12.00 cash).
- Current American Red Cross CPR/First Aid, CORE (Medication Administration, HIPPA, Client Rights, etc.) and NCI Certifications. **In the event that you do not have them, the training will be provided incident to hire.**
- Non-Certified Driving Record: Cost of \$8.00 – You can obtain it from a local NC Drivers license office or online at <http://www.ncdot.gov/dmv/online/records/> (NC Residents Only)

**You will need to schedule a time to meet with someone from the Human Resources Department at Elite Care Service Inc., so that your file can be reviewed, all information to be turned in is copied and completed prior to hire.**

In completing your application please detail population served, disability of population, length of service with each population and whether the population is adult or child.

Please provide three written reference statements/letters which will be verified (see specific instruction on the reference form).

**\*\*The remainder of the Employment Packet must be completed prior to your first day of employment\*\***

\*\*Copies of all documents will be made at the Administration Office, located at 111 Lamon Street, Suite 100\*\*  
Office # (910) 483-0324 Fax # (910) 483-2246

**Ask for the Human Resources Department or the Office Manager in regards to your application.**

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

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Elite Care Service Inc.  
APPLICATION FOR EMPLOYMENT

ALL APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AT ANY TIME

PLEASE COMPLETE ALL PAGES DATE \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle Maiden

Present Address \_\_\_\_\_  
 Number Street City State Zip

How long \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ SSN \_\_\_\_\_

Position Applied For \_\_\_\_\_ Salary Desired \_\_\_\_\_

How many hours per week can you work \_\_\_\_\_

Employment desired  Full Time Only  Part Time Only  
 Full or Part Time

Salary Desired \_\_\_\_\_  
 Be specific.

Days/hours available  
 No Pref \_\_\_\_\_ Th \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tues \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

What date are you available for work? \_\_\_\_\_

How many hours per week can you work? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

E-mail address \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED (dates)	MAJOR AND DEGREE
High School				
College				
Business/Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Elite Care Service Inc.  
APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Drivers License/ID card \_\_\_\_\_  
State of Issue Number  Operator  Chauffeur  Commercial

Have you had any accidents within the past 3 years? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Have you had any moving violations within the past 3 years? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Typing Yes No WPM \_\_\_\_\_

Computer Yes No PC Mac \_\_\_\_\_

Word Processing Yes No \_\_\_\_\_

List of Computer Programs and Proficiency level:

Please list any other mental health agency by which you have been or are currently employed:

Position \_\_\_\_\_ Position \_\_\_\_\_

Length of time \_\_\_\_\_ Length of Time \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever worked for a mental health agency which was required to reimburse CMS for services provided?  
 No  Yes If yes, which agency and program?

Agency \_\_\_\_\_ Program \_\_\_\_\_

For Agency HR Use Only:

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Elite Care Service Inc.  
APPLICATION FOR EMPLOYMENT

Military

Have you ever been in the Armed Forces? Yes \_\_\_ No \_\_\_  
Are you now in the National Guard? Yes \_\_\_ No \_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

**Work Experience:** Please list your work experience for the past seven years beginning with your most recently held job. If you were self-employed, give company name. Attach additional sheets if necessary. **Do not leave this section blank and give as much detail as possible.**

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

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Elite Care Service Inc.  
APPLICATION FOR EMPLOYMENT

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		From	Begin
		To	End
	Last job title		
Reason for leaving			

List the jobs you held, duties performed, skills used or learned, advancements or promotions:

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Elite Care Service Inc.  
APPLICATION FOR EMPLOYMENT

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Name and Address of Employer (include street address city, state, zip code and telephone number)	Last Supervisor	Employment Dates	Pay or salary
			From
		To	End
	Last job title		
	Reason for leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions:			

PLEASE READ CAREFULLY

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Elite Care Service Inc. (hereinafter called The Agency), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time nor other Agency practices shall serve to create and actual or implied contract of employment nor to confer any right to remain an employee of Elite Care Service Inc. If employed, I understand that the Agency may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits, policies and procedures and such changes may include reduction in benefits. I also understand that if employed by Elite Care Service Inc. and another mental health agency and a conflict of interest arises, this may be grounds for immediate termination of employment.

I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without prior notice or contract termination. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Agency from any liability arising from the result of such contact.

I also understand that if at any time I am involved in any infraction and/or violation it is grounds for immediate termination of employment or termination of contract. Continued employment or an extended contractual relationship may be based on (1) passing of job-related examinations, (2) completion of job-related trainings, (3) ability to follow the policies and procedures of Elite Care Service Inc. and the adherence to the rules and regulations of the State of North Carolina through the NC MHDDAS.

I understand that in connection with the routine processing of my application, the Agency may request information from a consumer reporting agency or any other source regarding my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Agency will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act.

I further understand that my employment or contractual relationship with the Agency shall be probationary for a period of six (6) months and that at any time during the probationary period, my employment or contractual relationship with the Agency is terminable at will by the Agency.

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Agency depends solely on your qualifications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in Elite Care Service Inc

Elite Care Service Inc.  
111 Lamon Street, Suite 103  
Fayetteville, NC 28301  
(910) 483-0324

## EMERGENCY INFORMATION SHEET

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone Number \_\_\_\_\_

Alternative Phone Number \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING PERSON

1<sup>st</sup> Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Relationship to Employee \_\_\_\_\_

2<sup>nd</sup> Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Relationship to Employee \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Emergency Medical Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Elite Care Service Inc.  
111 Lamon Street, Suite 103  
Fayetteville, NC 28301

Post Employment Information Form	
Person to be notified in case of emergency	
Name _____	Telephone _____
Address _____	Relationship _____

To Be Completed by Employee

## References

(At least one MUST BE a former supervisor or superior you have worked within the past and who knows about and can verify your work credentials and experience.)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Elite Care Service, Inc  
711 Lamon Street, Suite 103  
Fayetteville, NC 28301

## Authorization to Release Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to release any and all  
Applicant Current/Former Employer  
information relating to \_\_\_\_\_ to Elite Care Service Inc. I further release and hold harmless both Elite  
Care Service Inc. and my current/former Employer from any all liability that may potentially result from the release and/or  
and/or use of such information. I understand that any information released by my current/former Employer to Elite Care  
Service Inc. will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that  
neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\*\*\*\*\*

To Whom It May Concern:

The above named individual has applied for employment with Elite Care Service Inc. for the position of \_\_\_\_\_

\_\_\_\_\_. Please supply the following information concerning his/her  
employment with you. Any information you provide will be kept confidential.

Thank you.  
Human Resource Department  
Elite Care Service Inc.

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

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

Separation Date \_\_\_\_\_

Job Title \_\_\_\_\_

Eligible for rehire \_\_\_\_\_

Elite Care Service Inc.  
111 Lamon Street, Suite 103  
Fayetteville, NC 28301

## Pre-Employment Release Form

I, \_\_\_\_\_, do hereby authorize Elite Care Service Inc. to obtain and/or examine pre-employment information including references from previous employers, criminal records on file, education and professional licenses and social security numbers.

I understand that I am waiving my rights to confidentiality regarding this pre-employment information. I also understand that any offer of employment or employment contract is conditional pending eligibility determination based on the criminal background findings. I hereby release Elite Care Service Inc. and its employees, officers, agents and affiliates from any and all claims, rights, actions or liability of any kind or nature that may result from information obtained from the above sources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

Number

Street

\_\_\_\_\_  
City

State

Zip Code

I have been a resident of North Carolina:  less than 5 years  
(2 fingerprint cards to SBI)

more than 5 years  
(send request to SBI)

Counties and states lived in for the past 7 years:

County

State

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____