

# Employment Application

We are an Equal Opportunity Employer  
We participate in E-Verify



## Which company are you applying for?

Advantage In-Home:   
Advantage Consumer Directed Services (CDS):

\*\*\*The application must be completed in its entirety. Incomplete applications will not be considered.\*\*\*

Last Name	First Name	Middle Initial
Current Address: Number & Street	City	State Zip Code
Prior Names/Maiden	Phone Number	E-mail Address

Position Desired: \_\_\_\_\_  
My Salary Expectations are: \_\_\_\_\_ Date available for work: \_\_\_\_\_

1. How did you hear about us?  Job Posting: Which?  Internet: Which site?  Company Website  
 Employee: Who?  Other:

2. If employed, will you be able to submit verification, including a photo ID, of your legal right to work in the US?  Yes  No

3. Have you previously been employed by this company or its affiliates?  Yes  No

**Work Availability:**  
I can work:  Any Time  Mornings  Afternoons  Evenings  Overnight  Weekends  
I can work:  Any Day  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Education:	Name and Location	Years Completed				Did you graduate?	Course of Study/Program Completed
High School		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Skills and Qualifications**  
Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

**Job Requirements:**  
Are you able to physically perform personal care and homemaker chore functions without assistance for an extended period of time? This includes being on your feet, pushing, pulling, bending, etc.  
 Yes  No If No, explain below:

**Language Skills:** If you speak, read or write a foreign language(s), please list below.

**Employment History:**  
**A resume does not substitute for an employment application.**  
Provide the following information of your past and current employers or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below. (Include 7-years employment history.)

Start	End	Employer	Telephone #
Job Title	Address		
Immediate Supervisor and Title		Type of work performed and job responsibilities.	
Hourly Rate/Salary	Start	Final	
What was your reason for leaving this position?			
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Start	End	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Type of work performed and job responsibilities.	
Hourly Rate/Salary	Final		
Start			
What was your reason for leaving this position?			
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start	End	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Type of work performed and job responsibilities.	
Hourly Rate/Salary	Final		
Start			
What was your reason for leaving this position?			
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start	End	Employer	Telephone #
Job Title		Address	
Immediate Supervisor and Title		Type of work performed and job responsibilities.	
Hourly Rate/Salary	Final		
Start			
What was your reason for leaving this position?			
May we contact this employer for a job reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Applicant Statement** Please read the following statements carefully before signing this application. Only those applications that are signed, dated and completed in full are considered valid.

I certify that all information I have provided is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer/CDS vendor, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer/CDS vendor, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information.

I understand that the employer/CDS vendor does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. Advantage In-Home Services, LLC and Advantage Consumer Directed Services, LLC are Equal Opportunity Employer/Vendors and Drug Free Workplaces.

I understand that this application remains current for only 60 days. At the conclusion of that, if I have not heard from the employer/CDS vendor and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment. I understand that this employer is required to run various state and federal background checks and my potential employment is contingent on the results. I also may be required to pass a drug test prior to or during employment.

I also understand that if I am hired, this Company/CDS vendor participates in E-Verify and I will be required to provide photo proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I acknowledge that if I am applying to be an attendant through the CDS program, I understand that Advantage Consumer Directed Services, LLC is NOT my employer but acts as a third party vendor and is acting on behalf of the CDS Consumer. The CDS Consumer makes the decision on who to offer employment to.

**I have read and understand the foregoing statements and accept the same as conditions of my employment.**

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

\_\_\_\_\_  
Date



## Background Screening Information

Home Care state regulations require that all individuals are screened and pass specific state and federal background checks prior to employment. The information below is needed in order to run the mandated screenings.

**Please check one of the following statements that apply to you:**

- I have only lived in Missouri for the past 5 consecutive years
- I have only lived in Illinois for the past 5 consecutive years
- I have lived in more than 1 state for the past 5 consecutive years

1. Date of Birth:

2. Gender:  Male  Female

3. Social Security Number:

4. Addresses for the past seven years: (full address required)

Address:	Dates of Residence:
Address:	Dates of Residence:
Address:	Dates of Residence:
Address:	Dates of Residence:
Address:	Dates of Residence:

### **Policy:**

I understand that as a part of my consideration for employment, Advantage Home Care(Advantage In-Home, LLC and/or Advantage Consumer Directed Services, LLC) may obtain a background check that includes, but is not limited to, employment/reference and education verifications, social security verification, criminal and civil history, consumer reports that include nationwide background screenings, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness. I acknowledge that I have informed the Company of all names I have used in the past including maiden name and aliases. Any offers of employment are contingent upon clear results of a thorough background check pursuant to federal and state regulations on the healthcare industry that, if an applicant or employee have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere to a prohibited offense would not be eligible for employment. If you have not previously been registered with the Family Care Safety Registry in MO or the Health Care Worker Registry in IL, you are required to register as a condition of employment. I hereby authorize the staff at Advantage Home Care to register me with the appropriate state registrars and acknowledge that I may be charged a one time lifetime registration fee. If an applicant has lived outside of the state for the past 5 consecutive years, Advantage will run a nationwide background screening. I understand, if I am offered employment, that background checks will also be performed at various times throughout employment as required by the healthcare industry and state law.

**I have read and understand the policy above and authorize the Company to obtain and rely upon the information received in the screenings, reports, references, verifications, etc. in considering me for employment.**

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

\_\_\_\_\_  
Date



## Employment Reference Request Release

**Name:**

**Other Names used during past employment:**

*I hereby authorize my current and/or past employers to release any and all references and records related to my current or past employment and work history to Advantage Home Care. I release you and your company from any and all liability for providing information regarding my employment and work history. I also authorize for Advantage Home Care to contact any personal references that I have provided to them and understand that my social security number will be provided in order to properly identify me.*

Applicant Signature:

Date: