



A CARING HEART CASE MANAGEMENT, INC.

Dear Applicant:

When returning the completed application to the office of A Caring Heart Case Management, Inc., please also include a copy of the following items, which are required by Medicaid:

Driver's license

Social Security card

Evidence of highest education level completed - High school diploma, GED, or college diploma (or official college transcripts)

Current car registration

Current proof of car insurance (declaration page)

EMPLOYMENT APPLICATION

A Caring Heart Case Management, Inc., is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

Personal Data

First Name Middle/Maiden Last

Street Address City State Zip

Home Telephone Number Cell Telephone Number Social Security Number

Current NC County Residence: _____

Have you lived in any state other than NC during the past five years? If yes, please list all addresses during that period:

Driver's License State _____ License Number _____

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime? Yes ____ No ____

If Yes, please explain:

(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT)

Position Desired/Availability

Schedule desired: Full Time ____ Part Time ____ Number of hours per week ____

What date could you start work? ____

Today's Date: ____ Salary desired ____

How were you referred to A Caring Heart Case Management? (check one)

College ____ Employment Agency ____ Employee ____ Advertisement ____

ACH Website ____ Other (please specify) ____

Education - High School / College

High School/ College	City/State	Graduation Date	Major	Degree

Other Training / Certificates

Please indicate any certificates earned or in progress, and/or any traditional training programs not included in your formal education. List any CNA, RN or other professional license and date of expiration, CPR/FA, and NCI certifications.

Employment History

List your current or most recent employment first. Include work related internships, military and volunteer work.

Employer	Address/ Telephone Number	Position	Rate of pay (choose one)	Dates of Employment	May we contact?
Current			\$ _____ Hr. Annual Salary: \$ _____	From _____ To _____	Yes/ No
Previous			\$ _____ Hr. Annual Salary: \$ _____	From _____ To _____	Yes/ No
Previous			\$ _____ Hr. Annual Salary: \$ _____	From _____ To _____	Yes/ No

For Identification Purposes (Background Checks) and Equal Employment Opportunity (Optional)

Date of Birth: Month/Day/Year _____ Race _____ Gender _____

Other or former names (maiden) _____

Professional License: State _____ Type _____ Number _____

Previous Address _____

Please return this application and required documents to the nearest A Caring Heart office:

Clinton: 101 W. Elizabeth Street • Clinton, NC 28328 • (910)-590-3488	Jacksonville: 231 New Bridge Street • Jacksonville, NC 28540 • 910-430-4152
Corporate/Wilson: 1901 Tarboro Street SW, Suite 102 • Wilson, NC 27893 • (252)-206-1266	Rocky Mount: 800 Tiffany Blvd., Suite 100 • Rocky Mount, NC 27804 • (252) 216-8221
Goldsboro: 808 N. Berkeley Blvd. Ste. A-1 • Goldsboro, NC 27534 • (919) 587-0189	Smithfield: 18 Noble Street • Smithfield, NC 27577 • (919) 938-9484
Greenville: 1528 Evans Street, Suite K-2 • Greenville, NC 27834 • (252) 290-2397	Wilmington: 2541 South 17 th Street • Wilmington, NC 28401 • (910) 332-3513

Thank you for your interest in employment with A Caring Heart Case Management, Inc.

Please direct questions to: Annette Y. Meitler, BHSA, HR Director (252) 206-1266

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from A Caring Heart Case Management, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature: _____ Date _____

All hiring and employment at A Caring Heart Case Management, Inc., is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by A Caring Heart Case Management, Inc., has no specific term and may be terminated by the employee or A Caring Heart Case Management, Inc., with or without notice. I acknowledge that A Caring Heart Case Management, Inc., has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide a copy of my high school diploma, a current driver's license and other pertinent documentation, if I am offered a position with A Caring Heart Case Management, Inc., and that failure to provide this evidence will result in the termination of my employment.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States if I am offered a position with A Caring Heart Case Management, Inc., and that failure to provide this evidence will result in the termination of my employment.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to A Caring Heart Case Management, Inc. I agree to release and hold harmless A Caring Heart Case Management, Inc., from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with A Caring Heart Case Management, Inc., may be terminated.

Applicant's Signature: _____ Date _____



A CARING HEART CASE MANAGEMENT, INC.

CONFIDENTIALITY STATEMENT

I understand that any information obtained during the interview process or as an employee working with clients of A Caring Heart Case Management, Inc., is strictly confidential. I agree never to discuss any client information with anyone not directly involved with the client.

Whether or not I become an employee of A Caring Heart Case Management, Inc., I will not disclose any confidential information to any other agency or person before, during, or after my employment with the company.

I further understand that if A Caring Heart Case Management, Inc. does employ me, Inc., any disclosure of confidential material will result in my immediate dismissal from A Caring Heart Case Management, Inc.

Employee Signature

Date

Witness Signature

Date

DRUG/ALCOHOL SCREENING CONSENT AND RELEASE FORM

If I become an employee of A Caring Heart Case Management, Inc., I agree to submit to drug and/or alcohol testing in any situation where reasonable cause for suspicion exists or when an accident occurs and drugs or alcohol could be a contributing factor.

Employee Signature

Date

Witness Signature

Date