



Employment Application - Online

Attention: HR Department
105 Lawsonville Ave Reidsville, NC 27323
Phone: (336) 394-1233 FAX: (336) 342-6714

Web Site: www.adtsrc.org

Email Address: csligh@adtsrc.org or agates@adtsrc.org

AN EQUAL OPPORTUNITY EMPLOYER: Aging Disability and Transit Services of Rockingham County (ADTS) does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

ADTS intends to check and hold you responsible for the accuracy of the statements you make on this application.

INSTRUCTIONS: Please print or type in black or blue ink. If more space is needed attach an additional sheet.

YOU MUST COMPLETE EACH SECTION OF THIS APPLICATION

Position applying for: _____

Full-time (30 + hours a week): **Part-time Hours:** **I am available to work weekends:**

NAME _____
Last First Middle

ADDRESS _____
Street Apt No. City State Zip code

PHONE (Home) _____ (cell) _____ Email Address _____

- For the purpose of compliance with the United States Immigration and Nationalization Act, are you legally eligible to work in the United States? **Yes** **No**
- Do you have a current Certified Nurse Assistant (CNA) License? If yes, when does it expire? _____
- Do you have any relatives that work for ADTS? If so, please provide name _____
- Were you previously employed by ADTS? If so, please provide employment dates, position title and department _____
- If you are to drive our clients you must have a valid driver's license. If you do not have a license we have clients you can work with. **Please give us Driver's License Number/State/Expiration Date** _____

INTERNAL USE ONLY - DO NOT COMPLETE THIS TABLE	DATE and Initial
HR Review	
Director of In-Home Services Review	
Interview	
Background Screening	
Orientation	

Have you ever been fired or resigned from a position after being notified you would be fired? Yes No
 (If yes, explain) _____

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School/ Highest Grade Completed						
College or University						
Graduate School						
Business or Trade School						

If you expect to complete an educational program in the near future, please indicate what type of degree you are pursuing and when you expect to receive it: _____

Please list your present and past employment, **beginning with the most recent**. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

You may contact my PRESENT employer: Yes No If 'No' Please explain: _____

Present or most recent Employer: Name & Address	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Name & Address of Employer	From		To		Starting	Ending	# of Hours per week	Reason for Leaving
	Mo./Yr.		Mo./Yr.		Salary	Salary		
	Position Title:							
	Description of work:							
Supervisor's Name/Telephone								

Awards or Certifications: _____

Languages you speak fluently: _____

Have you ever been convicted of a felony/misdemeanor, other than minor traffic violations? Yes No

If yes, explain: _____

Your Skills - Please check your skills and experience so we can better match you to our current client needs				
	No Experience	Some Experience	Good Experience	Willing to be trained
Gait Belt				
Hoyer Lift				
Wheelchair				
Shower Chair				
Bed Bath				
Personal Hygiene Care Services				
Alzheimer's/Dementia Experience				
Cooking/Meal Preparation				
Light Housekeeping				
Current CPR				Expires:
Current First- Aid Certification				Expires:
What locations are you willing to work in Rockingham County?			What is the maximum distance you are prepared to drive to a client home?	
Please specify the hours and days you are available to work				
Working with a client who has Indoor Pets: Dog ok <input type="checkbox"/> Cat ok <input type="checkbox"/>	Will you work with a client who smokes? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list at least three references: (One must be a professional reference)

Reference Name	Relationship to you	Title	Company	Contact Number

Applicant's Statement

I have read the job description attached to this application for the position I am applying for and I can fulfill the necessary requirements.

I understand that the Aging, Disability & Transit Services of Rockingham County follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable agency policies and/or state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized by the Executive Director of the Aging, Disability & Transit Services of Rockingham County. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that the Aging, Disability & Transit Services will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I further understand and agree that Aging, Disability & Transit Services will conduct criminal background checks as required by North Carolina law and/or agency policy.

All prospective employees will be required to have a pre-employment drug screening and TB Screening.

All employees are subject to random drug and alcohol testing during their employment with Aging, Disability & Transit Services of Rockingham County. A positive drug and/or alcohol test without an acceptable note from a doctor explaining the circumstances will make an applicant ineligible for employment at ADTS

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant: _____ **Print Name:** _____

Date: _____

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina criminal history record information check in connection with my application for employment, my employment or volunteer services with: **Aging, Disability & Transit Services**, pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265.

(Please Print)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot provide a **hard copy** of the results of this criminal history record check to me.

Applicant's/Employee's/Volunteer's Signature _____ **Date** _____

This request form must be accompanied with a transmittal letter from the Authorized Official or Individual requesting criminal history record information. This request must be mailed to:

State Bureau of Investigation
DCI/Identification Section
Post Office Box 29500
Raleigh, North Carolina 27626-0500

01-132-04 **ORI #HCPCAR582 – Rockingham County Council on Aging**
Fingerprint Card Check - \$14.00 _____
Name Check - \$10.00 _____ **X** _____
National Fingerprint Card Check - \$38.00 _____

Health Care Providers - December 3, 1997

**PLEASE CHECK YOUR APPLICATION – YOUR APPLICATION WILL NOT BE REVIEWED
UNLESS ALL BELOW ARE COMPLETED OR ATTACHED:**

	COMPLETED/ATTACHED (Please Initial)
1. All Application questions are answered	
2. At least three references (one of which is a professional reference) are listed with contact numbers	
3. Copy of Social Security card <u>AND</u> current Driver's License or Photo ID card attached	
	I AGREE (Please Initial)
<ul style="list-style-type: none"> I have read the job descriptions attached to this application and I understand the requirements of the position I am applying for and can fulfill them 	
<ul style="list-style-type: none"> I have read carefully the 'Applicants Statement' and signed my understanding and agreement 	
<ul style="list-style-type: none"> I have signed the 'Authority For Release of Information' – I understand my signature will allow ADTS to run a comprehensive background screening on me as required by State regulation and Agency policy 	

CNA/In-Home Aide/ Family Aide/ Companion Care Assistant

Job Descriptions

CNA

- **CNA's must be registered with the N.C. Division of Facility Services as a Nurse Aide.** This involves passing a standardized test upon completion of a state-approved CNA curriculum at a community college or LTC facility. There are various levels of Nurse Aide
- **CNA's provide Level I, Level II, and Level III Personal Care Services and home management to people over 60 and people with disabilities in their homes** under the Home and Community Care Block Grant, CAP-DA, In-Home Care (IHC/PCS), Project Care, PACE, and Private Pay programs. CNA's also perform limited home management tasks, light housekeeping, run errands, pay bills and provide selective non-medical transportation as required under applicable program regulations.
- **You must be able to work with clients who have limited mobility.** This job frequently requires a CNA to bend, stoop, crouch, reach, handle assistive mobility equipment and lift, move, manipulate body weight to the needs of their client.

IN-HOME AIDE

- **In Home Aides' provide Level I and Level II Personal Care Services and home management to people over 60 and people with disabilities in their homes** under the Medicaid CAP-DA program. In-Home Aides' also perform limited home management tasks, light housekeeping, run errands, pay bills and provide selective non-medical transportation as required under applicable program regulations.
- **You must be able to work with clients who have limited mobility.** This job frequently requires an In-Home Aide to bend, stoop, crouch, reach, handle assistive mobility equipment and lift, move, manipulate body weight to the needs of the client.

FAMILY AIDE

- **Family Aides provide Level I and Level II Personal Care Services and home management to people (Usually family members) over 60 and people with disabilities in their homes** under the CAP-DA and CAP-C programs. Family aides also perform limited home management tasks, light housekeeping, run errands, pay bills and provide selective non-medical transportation as required under applicable program regulations.
- **You must be able to work with clients who have limited mobility.** This job frequently requires a Family Aide to bend, stoop, crouch, reach, handle assistive mobility equipment and lift, move, manipulate body weight to the needs of the client.

COMPANION CARE ASSISTANT

- **Companion Care Assistants provide 'hands-off' care services and home management to people over 60 and people with disabilities in their homes** under the Private Pay program. Companion Care Assistants perform limited home management tasks as directed by individual client need – duties regularly include but are not limited to: meal preparation, light housekeeping, run errands, pay bills and provide selective non-medical transportation as required under applicable program regulations.
- **You must be able to work with clients who have limited mobility.** This job frequently requires a Companion Care Assistant to bend, stoop, crouch, reach, handle assistive mobility equipment and lift, move manipulate body weight to the needs of the client.