



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)

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**Position Desired: AFL Provider** (This application form is for contracted AFL providers only)

Duty Hours: 24 hours a day, 7 days per week providing comprehensive services which provide training, supports and supervision to the consumer with intellectual/developmental disabilities within a private home setting and in the community. The AFL provider has 24/7 day a week responsibility for the consumer served and is responsible for supervision, monitoring and support of the consumer when the consumer is not engaged in other services. It is the responsibility of the AFL provider to care for the consumer if the consumer is sick or is suspended from a day program due to his/her behavior. If AFL provider is contacted and informed that the consumer is not feeling well or that the consumer's behavior is not acceptable, it is the AFL provider's responsibility to come and get the consumer in a timely manner.

A Caring Heart's AFL providers often provide day program services to other consumers while their AFL consumer is attending a day program or school. AFL providers are permitted to provide services to other consumers but their primary responsibility is to their AFL consumer. Please use a separate employment application (Employee/RAP application form when applying for additional positions with A Caring Heart.)

Are you available to provide AFL services 24 hours a day, 7 days per week?  Yes  No

What date could you start work? \_\_\_\_\_

Pay rate desired: \_\_\_\_\_ AFL providers are paid per diem (a daily rate).

**Education**

High School/College	City/State	Graduation Date	Major	Diploma/Degree

### **Other Training / Certificates**

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

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### **Employment History**

List your current or most recent employment first. Include work-related internships, military, and volunteer work. Reference checks are required to be considered for hire. Please provide contact information to a specific person or department. If possible, please avoid putting general employer phone numbers. A direct contact number is ideal.

<b>Employer</b>	<b>Contact Information</b>	<b>Your Position</b>	<b>Rate of pay (Choose one)</b>	<b>Dates of Employment</b>	<b>May we contact?</b>
Current/Most Recent:	Supervisor/Job Title:		\$ _____ Hour	From:	<input type="checkbox"/> Yes
Address:	Supervisor's Telephone:		\$ _____ Salary	To:	<input type="checkbox"/> No
Previous:	Supervisor/Job Title:		\$ _____ Hour	From:	<input type="checkbox"/> Yes
Address:	Supervisor's Telephone:		\$ _____ Salary	To:	<input type="checkbox"/> No
Previous:	Supervisor/Job Title:		\$ _____ Hour	From:	<input type="checkbox"/> Yes
Address:	Supervisor's Telephone:		\$ _____ Salary	To:	<input type="checkbox"/> No

If not listed above, what experience do you have working with individuals with intellectual and/or developmental disabilities?

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### **Referral Source**

How were you referred to A Caring Heart Case Management?

- Indeed  
 College/University  
 Employment Agency  
 NC Employment Security Commission  
 Advertisement (Please specify) \_\_\_\_\_  
 ACHCM Website  
 ACHCM Facebook Page  
 ACHCM Employee: \_\_\_\_\_ (Employee Name)  
 Other (please specify) \_\_\_\_\_

**For Identification and Statistical Purposes (Background Checks)**

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

Other or former names (maiden or other former names):

\_\_\_\_\_  
\_\_\_\_\_

Professional License: State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

**Former addresses, in the past 5 years, in states other than NC not listed on the first page of this application:**

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

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

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

**Additional Comments/Information**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WOTC Questionnaire: The Work Opportunity Tax Credit (WOTC)** joins other workforce programs that incentivize workplace diversity and facilitate access to good jobs for American workers. Please review the classes listed and check each group that you are a qualified member of:

- Qualified IV-A Recipient (TANF)
- Qualified Veteran
- Qualified Ex-Felon (One year or less since convicted or released from jail/prison)
- Designated Community Resident (Qualified individuals between the ages of 18 and 40 residing in an Empowerment Zone, Enterprise Zone or Renewal Community)
- Vocational Rehabilitation Referral
- Supplemental Nutrition Assistance Program (SNAP (food stamps) recipient)
- Supplemental Security Income (SSI) Recipient
- Long-term Family Assistance Recipient
- Qualified Long-term Unemployment Recipient (Unemployed for 27 or more consecutive weeks at the time of hiring and received unemployment compensation during some or all of the unemployment period)



# A CARING HEART CASE MANAGEMENT, INC.

## Permission to Perform Investigative Background Inquiries

In connection with my application as an independent contractor and as a condition of continuation as an independent contractor, 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 contracting 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. Contracting with A Caring Heart Case Management, Inc., has no specific term and may be terminated by the contractor or A Caring Heart Case Management, Inc., as specified in the contractor agreement. 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 or college diploma, a current driver's license and other pertinent documentation, if I am offered a contract position with A Caring Heart Case Management, Inc., and that failure to provide this evidence will result in the termination of independent contractor relationship.

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

I hereby authorize without reservation, any party or agency contacted by this entity 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 made to me as an independent contractor may be withdrawn or my subsequent independent contractor status 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 independent contractor 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 independent contractor 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 contracting relationship with the company.

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

\_\_\_\_\_  
AFL Independent Contractor Signature

\_\_\_\_\_  
Date

## **DRUG/ALCOHOL SCREENING CONSENT**

If I become an independent contractor of A Caring Heart Case Management, Inc. as an AFL provider, I agree to submit to drug and alcohol testing prior to assuming my position. If the test results are not satisfactory, I acknowledge that I will not be offered a position with A Caring Heart Case Management, Inc. As an independent contractor providing AFL services, I agree to random drug/alcohol testing and also in any situation where reasonable cause for suspicion exists or when an accident occurs and drugs or alcohol could be a contributing factor.

\_\_\_\_\_  
AFL Independent Contractor Signature

\_\_\_\_\_  
Date

## **Health Screening**

If I become an independent contractor of A Caring Heart Case Management, Inc. as an AFL provider, I agree to submit to a health screening to determine my fitness for the position. This examination will be conducted by a medical doctor, nurse practitioner or physician's assistant. The results of the examination will be recorded on A Caring Heart's AFL Provider Health Screening form. To maintain my position as an AFL provider, I agree to an annual health screening, hereafter.

\_\_\_\_\_  
AFL Independent Contractor Signature

\_\_\_\_\_  
Date

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

**Please direct questions to:**

**Zak Mitchell**

*Human Resources Director*

A Caring Heart Case Management, Inc.

Home Office: 603 New Bridge St. Jacksonville, NC 28546

Phone: 910-430-4152 (office) 910-340-0769 (cell) Fax: 910-346-5489

Email: [zmitchell@acaringheartinc.com](mailto:zmitchell@acaringheartinc.com)

Corporate Office: 1901 Tarboro St., SW, Ste. 102 Wilson, NC 27893

Corporate Phone: 252-206-1266

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

**Eastpointe Service Area**

**Clinton** (Independence Center)

101 W. Elizabeth Street

Clinton, NC 28328

Phone: (910) 590-3488

**Goldsboro** (Independence Center)

808 N. Berkeley Blvd.

Suite A-1

Goldsboro, NC 27534

Phone: (919) 587-0189

**Kenansville** (Independence Center)

120 Bryan Street

Kenansville, NC 28349

Phone: (910) 372-9186

**Wilson** (Independence Center)

1901 Tarboro Street SW

Suite 102

Wilson, NC 27893

Phone: (252) 206-1266

**Alliance Health Service Area**

**Smithfield** (Independence Center)

18 Noble Street

Smithfield, NC 27577

Phone: (919) 938-9484

**Trillium Health Resources Service Area**

**Greenville Office**

1528 Evans Street

Suite K-1

Greenville, NC 27834

Phone: (252) 290-2397

**Jacksonville** (Independence Center)

603 New Bridge Street

Jacksonville, NC 28540

Phone: (910) 430-4152

**Jacksonville** (Independence Center)

180 Coastal Lane

Jacksonville, NC 28546

Phone: (910) 455-6724

**Rocky Mount** (Independence Center)

112 Zebulon Court

Rocky Mount, NC 27804

Phone: (252) 316-8221

**Wilmington** (Independence Center)

2541 South 17th Street

Wilmington, NC 28401

Phone: (910) 332-3513

Visit our website at [acaringheartinc.com](http://acaringheartinc.com) and check us out on Facebook (A Caring Heart Case Management)