



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/RAP CONTRACTOR APPLICATION

Please choose one: I am applying as an Employee Relative as Provider Contractor

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

Today's Date: _____

First Name Middle/Maiden Last

Street Address City State Zip

Home Telephone Number Cellular Telephone Number Social Security Number

Email: _____ 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:

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

(Add additional addresses on page 4 of this application packet)

Revised Jan 2022

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

Position: _____ Full Time Part Time

When are you available to work? Please provide days and hours available to work. (Shift hours vary per consumer choice. These are approximate times per shift). 1st Shift (7 a.m. – 3 p.m.), 2nd Shift (3 p.m.- 11 p.m.), 3rd Shift (11 p.m. – 7 a.m.)

Days Available to Work (Please check all that apply)	Hours Available to Work (Please check all that apply)	Additional Information
<input type="checkbox"/> Sunday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Monday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Thursday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Friday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	
<input type="checkbox"/> Saturday	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3 rd Shift	

Number of hours available per week: _____ What date could you start work? _____

Pay rate desired: _____ Hourly rate OR _____ Salary rate (annually)

How far are you willing to travel (for this position) from your residence to a consumer's residence or to an A Caring Heart facility? _____ miles

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.

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.

Employer	Contact Information	Your Position	Rate of pay (Choose one)	Dates of Employment	May we contact?
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?

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:

_____ City _____ State _____ Zip _____

_____ City _____ State _____ Zip _____

_____ 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 for employment or as a RAP contractor 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 or contracted work as a Relative as Provider (RAP) by A Caring Heart Case Management, Inc., has no specific term and may be terminated by the employee/RAP contractor 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/RAP 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 employee/RAP 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 employment with the company.

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

Applicant Signature

Date

DRUG/ALCOHOL SCREENING CONSENT AND RELEASE FORM

If I become an employee/RAP contractor 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.

Applicant 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

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 and check us out on Facebook (A Caring Heart Case Management)