

Employment Application



We consider applicants for all positions without regard to age, race, color, religion, sex, sexual orientation, national origin, marital or veteran status, genetic information, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

| | | |
|--|-----------------------------------|----------------------------------|
| Position(s) applied for: | Date of Application: | |
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| _____ | | |

| | | | | | |
|---------------------|------------|-------------|------------------------|-------|----------|
| Last Name | First Name | Middle Name | | | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | | | |
| Email: | | | Social Security Number | | |
| / / | | | | | |

State regulations require employees in this field to be at least 21 (Delaware) or 18 (Florida and New Jersey) years of age. Do you qualify? Yes _____ No _____

Have you ever filed an application with us before? Yes No _____ If Yes, give date _____

Have you ever been employed with us before? Yes No _____ If Yes, give date _____

Do you have any friends or family members that currently work for AdvoServ or any of its affiliates? Yes No _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States without sponsorship? Yes No
Proof of right to work in the US will be required within 3 days of hire date if offer of employment is made.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you work overtime or additional hours if necessary? _____

Desired Pay Rate _____

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Driver's License Number: _____ State Issued: _____

Have you ever been terminated from a position or asked to resign? _____ Yes _____ No
 If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? (Unsealed Convictions Only) _____ Yes _____ No
 If yes, please describe: _____

Connecticut applicants are not required to disclose the existence of any erased arrest, criminal charge, or conviction; any criminal charge that has been dismissed or nulled; a criminal charge for which the applicant has been found innocent; or a conviction for which the applicant received absolute pardon.

(Conviction will not necessarily disqualify applicant from employment. Factors such as age at time of offense, date, seriousness and nature of the offense, rehabilitation and the job for which you are applying will be taken into account).

A condition of employment shall be that you have not been convicted of any crime prohibited by the applicable state statute for providers covered by Employer's license(s). See Attached Exhibit A.

Are you able to perform the essential functions of the position, with or without reasonable accommodation? _____ Yes _____ No
 If no, please explain _____

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Education

| | High School | Undergraduate College/University | Graduate/ Professional |
|--|-------------|-------------------------------------|---------------------------|
| School Name and Location | | | |
| Years Completed | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Did you Graduate? | | | |
| Diploma/Degree | | | |
| Describe Course of Study | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities | | | |
| Describe any honors you have received | | | |
| State any additional information you feel may be helpful to us in considering your application | | | |

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities.

| Employer | | Dates Employed | | Duties & Responsibilities |
|--------------------|----------------------|--------------------|-------|---------------------------|
| Address | | From | To | |
| City/State/Zip | | | | |
| Job Title | Supervisor/Telephone | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |

2.

| Employer | | Dates Employed | | Duties & Responsibilities |
|--------------------|----------------------|--------------------|-------|---------------------------|
| Address | | From | To | |
| City/State/Zip | | | | |
| Job Title | Supervisor/Telephone | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |

3.

| Employer | | Dates Employed | | Duties & Responsibilities |
|--------------------|----------------------|--------------------|-------|---------------------------|
| Address | | From | To | |
| City/State/Zip | | | | |
| Job Title | Supervisor/Telephone | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |

4.

| Employer | | Dates Employed | | Duties & Responsibilities |
|--------------------|----------------------|--------------------|-------|---------------------------|
| Address | | From | To | |
| City/State/Zip | | | | |
| Job Title | Supervisor/Telephone | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |

If you need additional space, please continue on a separate sheet of paper

Skills and Qualifications: Summarize job related skills and qualifications acquired from employment or other experience.

Applicant's Statement

Please Read Carefully

I hereby authorize AdvoServ to thoroughly investigate my references, employment-related records, educational credentials and other matters pertinent to my suitability for employment with the organization. In addition, I hereby authorize my current and former employers to disclose to AdvoServ any and all of my employment records in their custody and/or control and to verify the statements I provided in this application. I further authorize any and all schools, colleges, and universities that I have attended to disclose to AdvoServ any and all information in their custody and/or control that may be relevant to this employment application. I agree not to bring any claim against AdvoServ or any person, entity, or educational institution for providing to AdvoServ the above-described information relevant to this employment application.

I certify that all of the information that I have provided in this application, in any other documents that I have submitted to AdvoServ in connection with my employment and in any interview, is true, correct and verifiable. I certify that I have not withheld any information that would, if disclosed, unfavorably affect this application. I understand that any omission or misrepresentation included in this application or any other documents I have submitted to AdvoServ in connection with this application shall be grounds for immediate rejection of my application for employment or for immediate discharge from employment if I am already employed at the time that such omission or misrepresentation is discovered.

If I am hired by AdvoServ, I agree to abide by all of the organization's rules, regulations, policies and procedures. I understand that AdvoServ is an "At Will" employer and, thus, if I am employed by the company, my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the company or me. I further understand that the organization and all Plan Administrators shall have the maximum discretion permitted by applicable State and Federal law to administer, interpret, modify, discontinue, enhance or otherwise change all rules, regulations, policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the organization has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment unless approved by the Chief Executive Officer.

If I offered employment by AdvoServ, I shall be singularly responsible for completing and submitting to the company a Request for Criminal Background Check and, by such submission, give my consent to AdvoServ to submit said background check request to appropriate State and Federal agencies for processing. I understand that my failure to submit to AdvoServ any and all mandated pre-employment documents and forms may result in a delay in the commencement of my employment, revocation of my employment offer, or termination.

For Maryland Applicants Only. Under Maryland state law, an employer may not require or demand, as a condition of employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and is subject to a fine not exceeding \$100.00.

I hereby acknowledge and agree that I have read and thoroughly understand all the terms in this application.

Signature of Applicant

Date

AdvoServ is an equal opportunity employer and, in accordance with all applicable State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, sexual orientation, genetic information, national origin, marital status, physical or mental disability, or any other legally protected status.



Confidentiality Statement of Prospective Employee

AdvoServ is an organization that provides residential treatment and educational services to individuals with intellectual and developmental disabilities and severe behavior problems. As a result, complete confidentiality regarding all information pertinent to the treatment of the individuals in our programs is legally mandated. I hereby agree that, as a bona fide applicant for employment with AdvoServ, I will not improperly use or disclose any confidential information or trade secrets, if any, concerning any person, including without limitation, any individual served in an AdvoServ program and any former or current AdvoServ employee. I further agree that, as a bona fide applicant for employment with AdvoServ, I will hold in the strictest confidence and will not disclose, use, publish, retain in writing, furnish or make accessible to any person or entity, without the express written authorization of AdvoServ, any Company Confidential Information (defined below). As used herein, "Company Confidential Information" means any and all confidential and/or proprietary knowledge, data, or information of, or relating to, the Company or any of its direct or indirect parents or subsidiaries, including, but not limited to: (i) trade secrets, know-how, inventions, ideas, processes, improvements, developments, techniques, source and object codes, data, programs, catalogs, contract forms, books and records, files, and works of authorship; (ii) technology, practices, and procedures used by the Company or any of its direct or indirect parents or subsidiaries; (iii) information regarding plans for research, development, new products or services, marketing, advertising, and selling, business plans, product or service promotions, price lists, staffing strategies, budgets, and financial information; (iv) information regarding customers or payors (including, without limitation, any customer or payor lists) and suppliers; and (v) confidential or proprietary information of a third party received by the Company or any of its direct or indirect parents or subsidiaries under a duty of confidentiality. Without limiting the generality of the foregoing, all computer software, customer lists, payor lists, price lists, contract forms, catalogs, books, records and files acquired during the pre-employment process of the Company or any of its direct or indirect parents or subsidiaries are acknowledged to be the property of the Company and shall not be duplicated, removed from the Company's possession or premises or made use of other than in pursuit of the Company's business obligations.

I represent that I am a bona fide applicant for a position of employment with AdvoServ and I am not representing any other agency or entity for the purpose of gaining information about the individuals AdvoServ serves or any of AdvoServ's programs and that, as such, I hereby agree to comply with this agreement.

Applicant Printed Name

Applicant Signature

Date



Exhibit A - Employment Application

I certify that I have not been convicted of any of the following crimes within the applicable state statute for care givers as covered by AdvoServ's license.

- Adult abuse, neglect, or exploitation of aged-persons or disabled adults
- Domestic violence
- Murder
- Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Vehicular homicide
- Killing an unborn child by injury to the mother
- Assault, if the victim of the offense was a minor
- Aggravated assault
- Battery, if the victim of the offense was a minor
- Aggravated battery
- Kidnapping
- False imprisonment
- Sexual battery
- Prohibited acts of persons in familial or custodial authority
- Prostitution
- Lewd and lascivious behavior
- Lewdness and indecent behavior
- Arson
- Felony theft and/or robbery
- Abuse, aggravated abuse, or neglect of disabled adults or elderly persons
- Lewd or lascivious offences committed upon or in the presence of an elderly person or disabled adult
- Exploitation of disabled adults or elderly persons, if the offense was a felony
- Incest
- Child abuse, aggravated child abuse, or neglect of a child
- Contributing to the delinquency or dependency of a child
- Negligent treatment of children
- Sexual performance by a child
- Obscene literature
- Fraudulent sale of controlled substances, if the offense was a felony
- Manufacture, delivery or possession, or possession with intent to deliver a controlled substance, or a counterfeit substance as classified by state law

I also certify, as a condition of employment, that I am not and never have been a confirmed or substantiated abuser on any federal, state or local registry or list for children or adults.

Applicant's Printed Name

Applicant's Signature

Date



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Advoserv (the “Company”) requires, as a condition of employment, and/or continued employment, that all applicants authorize and consent a verification of the information submitted on their employment application. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purposes of obtaining employment with the Company is true and complete to the best of my knowledge. I understand that if I am employed by the Company, any misrepresentations or omissions provided by me to the Company at any time will be considered good cause for termination.

This release and authorization acknowledges that the Company may now and, at any time while I am employed, verify my educational credentials, including but not limited to, any licenses or certifications, employment history, credit history, and/or motor vehicle records. In addition, the Company is entitled to (1) contact my personal references, (2) require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and (3) receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information deemed necessary to satisfactorily perform the job duties and responsibilities. Upon receipt of an offer of employment with Company, I further authorize the Company to review of my worker’s compensation claims history.

I authorize Employment Screening Associates and any of its agents, affiliates and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. I understand that those results will be used to determine my employment eligibility pursuant to the Company's employment policies, procedures and practices.

I have read and understand this release and consent, and I authorize the Company to conduct a background and reference verification. I authorize persons, entities, schools, current and former employers, and other organizations and agencies to provide Employment Screening Associates with any and all information pertinent to my employment application that may be requested by Company, and I hereby release all persons, entities and agencies providing such information from any and all claims and damages connected with their lawful release of such requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, Employment Screening Associates, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

PLEASE NOTE: FAILURE TO PROVIDE ACCURATE INFORMATION MAY DELAY HIRING. IT IS VERY IMPORTANT THAT ALL INFORMATION PROVIDED IS CORRECT AND UP-TO-DATE.

Please Provide All Requested Information

(Applicant's Name, Printed - Last, First Middle)

(Maiden Or Other Name(s) Used)

(Applicant's Current Address)

(Phone Numbers)

(Applicant's Previous Address – City, State, Zip)

(How Long at Residence)

(Applicant's Previous Address – City, State, Zip)

(How Long at Residence)

(Applicant's Date of Birth)

(Applicants Social Security Number)

(Name – Exactly as it appears on Drivers License)

(Drivers License Number – State Issued)

References – PLEASE PRINT

We require two personal references and one professional reference

List individuals that can speak to your performance, work ethic, and integrity

Family members will not be considered as references

Please ensure all contact information is accurate
Incorrect information can result in a delay in hiring

| Name | Occupation | Phone/Email | Relationship | Years Known |
|------|------------|-------------|--------------|-------------|
| | | () | | |
| | | () | | |
| | | () | | |
| | | () | | |

(Signature)

(Date)

**** Please Note: You may be contacted directly by Employment Screening Associates if provided information cannot be verified. It is your responsibility to respond in a timely manner. Failure to do so will result in a delay of hiring or possible rescinding of our offer of employment. ****