



ALTERNATIVE CONCEPT CARE SERVICES

4811 MONROE HWY
BALL, LA 71405
OFFICE (318) 640-7422
FAX (318) 640-7472

Employment Availability:

Date: _____

Name: _____ Position Applied

For: _____ Preferred Shift: (Circle) Full Time Part Time PRN

Shift Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Over Night Yes/No							

OFFICE USE ONLY

Position Hired For: _____

___ NOW/SIL ___ NOW ___ CCW ___ LTPCS ___ VA ___ PP ___ ROW ___ CC/EPST

Shift Hired For: _____

Starting Date: _____



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All employees and/or those seeking employment by ACCS must agree to comply with the following regulations required by the State of Louisiana.

1. All employees must have access to transportation that will also be available to them during their shift. This means that being dropped off and picked up for your shift is not an option without approval from your Supervisor. We must have the ability to transport our clients to and from appointments and other outings, per the client plan of care.
2. All employees must have a smart phone which has the ability to clock in and out in the LASRS system used by the state to track billable hours. This is a state requirement. ACCS cannot hire or continue to employ those who do not or cannot clock in and out using this system.
3. All employees must provide a Social Security card, valid Drivers License or ID, vehicle Registration, vehicle Insurance, photo of vehicle Inspection Sticker, and provide a nonfiltered photo for company badge.

We appreciate your cooperation in these policies and procedures.

ACCS

Signature

Date



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AUTHORIZATION TO RELEASE INFORMATION

I, _____, have voluntarily applied for employment with Alternative Concept Care Services (ACCS). In consideration of my employment, I acknowledge that ACCS will conduct both a criminal background check and an employment reference check.

By executing my signature below, I grant authorization and consent to any law enforcement officials, as well as any current or former employers to release information to ACCS on my behalf. In granting my authorization and consent to release information, I agree to hold harmless all parties of any liability related to the exchange of information that might adversely affect my eligibility for employment.

PRE-EMPLOYMENT CRIMINAL BACKGROUND

I, _____, have applied for employment with ACCS to provide personal care attendant services. I acknowledge and authorize ACCS and its designated administrative staff to perform a statewide criminal background check that may lead to the disclosure of sensitive legal records pertaining to myself. In granting my authorization and consent to release information, I agree to hold harmless all parties of any liability related to the exchange of information that might affect my eligibility for employment.

Applicant Signature

Date



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Date: _____ DL# & State: _____ SS #: _____

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City State Zip Code

Phone: (_____) _____ (_____) _____
Area Code Cell Number Area Code Alternate Number

Job Reference 1

Name and Address of Employer

Employer Phone Number Supervisor Name

Position/Job Title Salary

Job Duties

Reason For Leaving Dates Employed: From/To

Job Reference 2

Name and Address of Employer

Employer Phone Number Supervisor Name

Position/Job Title Salary

Job Duties

Reason For Leaving Dates Employed: From/To

Job Reference 3

Name and Address of Employer

Employer Phone Number

Supervisor Name

Position/Job Title

Salary

Job Duties

Reason For Leaving

Dates Employed: From/To

ADDITIONAL EMPLOYMENT INFORMATION

Are you employed now? yes no

Date you can begin: _____

Can we contact your current employer? yes no If no, why? _____

Have you ever:

Applied to this company before? yes no When? _____

Been discharged involuntarily? yes no If so, When? _____ Why? _____

Used a different name? yes no If so, What name? _____

Had your drivers license revoked? yes no If so, Why? _____

Had your automobile insurance cancelled? yes no If so, Why? _____

Been convicted of a moving violation? yes no If so, Why? _____

Been involved in an automobile accident? yes no If so, When? _____

Been convicted of a criminal offense? yes no If so, What/When? _____

Are you available for shift work? yes no

Are you available for overtime work? yes no

Are you available for weekend work? yes no

Have you been in the military? yes no If so, When/What Branch? _____

Educational Information:

High School: _____ Graduated? ___yes___no

College/Trade School: _____ Graduated?

___yes___no What degree? _____

By signing, I verify that all information provided is true and factual to the best of my knowledge. I also agree to allow this information to be verified by a third party.

Applicant's Signature

Date

Please note: This application form was designed for use by applicants for various positions. Answer the questions to the best of your ability. All information will be treated confidentially



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Please read the following statements carefully prior to signing this application:

I, _____, hereby apply for employment with Alternative Concept Care Services (ACCS). I specifically verify that all the information provided in this application (and accompanying resume, if any) is true, complete, and correct. I understand and agree that the omission of misrepresentation of any fact in this application will be sufficient reason for ACCS to deny me employment. I also understand and agree that should I become employed by ACCS, and it is later discovered that I have omitted or misrepresented any fact in this application, ACCS may immediately terminate my employment upon discovery of such omission or misrepresentation.

I understand and agree that it is necessary for ACCS to verify the information provided in this application. I authorize the release of information necessary to verify facts in this application, including educational transcripts and military records, to ACCS provided this information is kept confidential and is used solely for the purpose specified herein. I understand that information of this inquiry is available to me upon request, and I agree to release all persons and companies requesting or supplying information with respect to this inquiry from all liabilities.

I understand that ACCS has a Drug Free Workplace Policy, and that as a condition of employment I will be expected to comply with this policy. This policy may require me to participate in drug testing at any time and without prior notice, and I understand that refusal to submit to such testing may be grounds for immediate termination. I agree to submit to such testing any time I am involved in an accident or injury, regardless of whether I am the person injured or the seriousness of the injury.

If I accept a job offer from ACCS, I agree to abide by the bylaws, rules, and regulations of ACCS as put forward by its management. I understand and agree that if ACCS property and/or equipment is issued to me, I am responsible until it is returned to ACCS. I understand and agree that I may be held financially responsible for any property/equipment lost or damaged while in my possession. I further understand that this includes and applies to any safety equipment provided for my use while working for ACCS.

I understand and agree that any employment relationship established with ACCS will be an "at will" nature and subject to the provisions of the independent contractor agreement. I further understand that "at will" means that I may resign at any time and ACCS may dismiss me at any time, with or without cause. I further understand and agree that this "at will" employment relationship cannot be changed by any written document or oral statement unless this change is specifically acknowledged in writing by an authorized representative of ACCS.

I understand that, according to Federal Law, all individuals must provide documents which either verify their identity as a U.S. Citizen or verify their legal authorization to work in the United States. I understand that any offer of employment is conditional upon my ability to produce this documentation within the time required by law.

Signature of Applicant

Signature of Witness

Printed Name of Applicant

Printed Name of Witness



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Application Questionnaire: (Please provide YES or NO answers)

***** "No" answers do not exclude you from employment*****

1. Do you have experience in Home Based Community Care?
2. Are you looking for a long-term position?
3. Are you actively seeking other employment?
4. Can you lift/transfer clients?
Do you have experience?
Can you lift over 50 pounds?
5. Can you use a Hoyer Lift?
Do you have experience?
6. Can you bathe clients? (Bed bath/Shower Chair)
7. Can you change bedbound client's diapers?
8. Are you CPR certified?
9. Have you previously taken a Medication Administration Class?
Have you previously given medication in a professional environment?
10. Are you afraid of animals?
What kind, if so?
11. Are you opposed to working in an environment that:
 - a) Client smokes in the home
 - b) Client home is maintained at a different standard than you may live
 - c) Client has other people living in the home
 - d) Client has cameras in use
 - e) Client has a strong or difficult personality
12. Are you available for "on call"/emergency calls?

Alternative Concept Care Services



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PERSONAL REFERENCES

PLEASE FILL OUT COMPLETELY.

1. NAME _____

PHONE _____ HOW LONG HAVE YOU KNOWN _____

RELATIONSHIP _____ ADDRESS – CITY STATE ONLY _____

OFFICE USE:

DATE CALLED _____ LENGTH OF ASSOCIATION _____

GOOD WITH THE ELDERLY/ DISABLED _____

COMMENTS _____

2. NAME _____

PHONE _____ HOW LONG HAVE YOU KNOWN _____

RELATIONSHIP _____ ADDRESS – CITY STATE ONLY _____

OFFICE USE:

DATE CALLED _____ LENGTH OF ASSOCIATION _____

GOOD WITH THE ELDERLY/ DISABLED _____

COMMENTS _____

3. NAME _____

PHONE _____ HOW LONG HAVE YOU KNOWN _____

RELATIONSHIP _____ ADDRESS – CITY STATE ONLY _____

OFFICE USE:

DATE CALLED _____ LENGTH OF ASSOCIATION _____

GOOD WITH THE ELDERLY/ DISABLED _____

COMMENTS _____

Global Data Fusion – Background Investigation Disclosure Questionnaire

Name:

First _____ Middle _____ Last _____

Social Security Number: _____ **Sex:** _____ **Race:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Driver's license: _____ **State:** _____

Date of Birth: (month/date/year) _____ / _____ / _____

Have you ever been convicted of a crime in the past 10 years: _____ Yes _____ No

Do you currently have any open criminal cases pending? _____ Yes _____ No

DISCLOSURE FOR CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with **Alternative Concept Care Services**. I understand consumer reports will be requested by Global Data Fusion. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (credit may be restricted by local laws, if required you will receive an additional disclosure), etc. I further understand that such reports may contain public record information such as, but not limited to my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interview, as applicable, with former employers, past or current neighbors and associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained. If I am hired, I understand that Company can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

I authorize Alternative Concept Care Services, its employees, representatives, and agents to investigate my background and to obtain a consumer report and/or investigative consumer report for employment/tenancy purposes. I further authorize, without reservation, any party or agency contacted by the company its agents, its employees, representatives, and agents, to furnish information required in connection with the preparation of a consumer report and/or investigative consumer report.

I have provided complete and truthful information to Alternative Concept Care Services and fully understand that any misrepresentation or material omissions concerning the information provided will be grounds for delaying my application, withdrawing any offer of employment, or immediate discharge.

Signature: _____ **Dated:** _____