HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box 10946 Goldsboro, NC 27532
Toll Free: 1-888-886-4477 Local: 919- 778-1506
Fax: (919) 778-1535

PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION. IT IS REQUIRED FOR ALL APPLICANTS:

_____STATE CERTIFICATION/LICENSURE (If applicable to position)

_____COPY OF CURRENT TB SKIN/XRAY TEST,
CPR, FIRST AID & NCI (If you have them)

_____N. C. STATE CRIMINAL RECORDS CHECK (HSS will perform check)

_____STATE DRIVERS LICENSE AND SOCIAL SECURITY CARD

_____COPY OF VEHICLE INSURANCE POLICY (Liability)

_____COPY OF HIGH SCHOOL DIPLOMA OR GED CERT

_____3 REFERENCE CHECK FORMS

***Important:** **Healthcare regulations require a criminal records check on all applicants. An applicant may be employed with results pending, however, if the results return with criminal infractions the results will be evaluated and the employee may be terminated. By completing this application, the applicant understands this.**

NAME__ _____DATE__ _____

HOWELL SUPPORT SERVICES, LLC
P. O. Box 10946
Goldsboro, NC 27532

APPLICATION FOR EMPLOYMENT
Toll Free 1-888 838-3096
Local: 919-778-1506

To Applicant: This Agency is an Equal Opportunity Employer and does not discriminate because of race, creed, color, gender, age, national origin, or disability. Any item which you feel tends to violate Federal and State Civil Rights and that you do not wish to answer, need not be completed.

Date:__ _____

Personal: Name:_____ _____ _____ _____S.S.#___ _____
Last First Middle
Address:__ _____ _____ _____ _____
Number Street City State Zip
Previous Address: (if at present address less than one year)___ _____
Telephone Number:___ _____

Position(s) applied for: _ _____Date Available for work _ _____Full / Part Time
Are you available to work weekends?__ _____ Days/hours available_ _____

Howell Support Services LLC serves clients in the following counties:
Please indicate the counties in which you will be willing to work.
Wayne___ _____ Lenoir_ _____ Johnston __ _____ Sampson __ _____ Duplin _ _____

List any relatives/friends working for us__ _____

Referred By: **(** **)** Newspaper Advertisement **(** **)** Individual **(** **)** Employment Agency
(**)** Government Agency **(** **)** College **(** **)** Other_ __

***How long have you lived at the address listed above? _ _____**
***Have you ever had an allegation of "fraud", "abuse" or "neglect" listed on the N.C. Registry YES ( ) NO( )**

Indicate special qualifications or skills_____

EDUCATION (Name and Location of School)	**Course of Study**	**No. of Years Completed**	**Did you Graduate?**	**Degree**
HIGH SCHOOL				
COLLEGE				
OTHER (Specify)				

List fields of work for which you have been registered, licensed or certified:
Registration_ _____ State_ _____ No:__ _____
Licensed:__ _____ State__ _____ No:__ _____
Certified:__ _____

Are you legally eligible for employment in this country? ( )Yes ( )No **(<u>Proof of eligibility will be required if hired)</u>**
Have you been convicted of a crime other than a minor motor vehicle violation? ( )Yes ( )No If yes, please explain.
_____

(Such conviction may be relevant if job related, but does not bar you from employment)

EMPLOYMENT HISTORY: (List your last three employers, assignments or volunteer activities, starting with your most recent.

Name and Address Name of Supervisor/Telephone #	From	To	Position	Salary	Reason for Leaving

PERSONAL REFERENCES: (No Relatives)

NAME	ADDRESS	TELEPHONE

SKILLS: *Please check the following skills and/or experience which you have.*

( ) Driver's License #_ _____ State_ __ **( )** Shorthand _ ___wpm
( ) Adding Machine/Calculator **( )** Typing _ _____wpm
( ) Computer Software_ _____ **( )** Medical Records
( ) Other_ _____
__ _____

HAVE YOU HAD SPECIFIC TRAINING IN CRISIS INTERVENTION? ( ) YES ( ) NO
HAVE YOU PARTICIPATED IN NCI TRAINING? ( ) YES ( ) NO
HAVE YOU EVER WORKED WITH THE CAP PROGRAM OR INNOVATIONS WAIVER? ( ) YES ( ) NO
HOW MANY YEARS EXPERIENCE IN CAP? Yrs__ _____Mos_ _____

I hereby certify that all statements on this Application are true and complete to the best of my knowledge and belief. If Employed, I understand that any falsification of this record may be considered cause for termination. I authorize persons, Schools, current employers and other individual organizations or employers to provide HSS with any information needed.

APPLICANT SIGNATURE:__ _____DATE__ _____

HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box 10946
Goldsboro, NC 27532
Toll Free 1(888) 886-4477
Fax (919) 778-1535

EDUCATION STATEMENT

NOTE: HSS now must have a copy of your High School Diploma, GED Certificate or a transcript on file before you can be employed in the In-Home-Health Care field.

If you do not have a copy of either of these documents, please contact the school records department in the county that you graduated and request a copy.

It is the responsibility of the applicant to provide proof of education prior to employment.

By signing you agree that you have read and understand the education statement.

Print: __ _____

Sign: __ _____

HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box10946
Goldsboro, NC 27532
Toll Free 1(888) 886-4477
Fax (919) 778-1535

EMPLOYEE REFERENCE CHECK FORM

Please complete the top section and have a previous supervisor complete the bottom section. If you are not able to contact them, write down their name and number.

APPLICANT NAME ___ _____ _____ _____S.S___ _____
(First) (M) (Last)

EMPLOYER__ _____PHONE ( )_ _____

EMPLOYMENT DATES: FROM__ _____ TO__ _____

POSITION/TITLE_ _____SUPERVISOR_ _____

MAJOR DUTIES/RESPONSIBILITIES__ _____

_ _____
_ _____

	YES	NO
1. Usually comes to work on time?	____	____
2. Missed more than 10 days of work in the last year? (except vacation)	____	____
3. Received an oral or written warning for performance or conduct within last year? (if yes, please explain)_____	____	____
4. Committed any serious misconduct while on the job? (if yes, please explain)	____	____
5. Requirements as to QUANTITY of work. (circle one)	**Meets**	**Exceeds**
6. Requirements as to QUALITY of work. (circle one)	**Meets**	**Exceeds**
7. Requires close supervision?	____	____
8. Cooperates with co-workers and supervisors?	____	____
9. Would you re-hire?	____	____

Supervisor's signature_____Date_____Phone#_____

Please put any remarks on the back of this sheet

Thank You

HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box10946
Goldsboro, NC 27532
Toll Free 1(888) 886-4477
Fax (919) 778-1535

EMPLOYEE REFERENCE CHECK FORM

Please complete the top section and have a previous supervisor complete the bottom section. If you are not able to contact them, write down their name and number.

APPLICANT NAME ___ _____ _____ _____S.S___ _____
(First) (M) (Last)

EMPLOYER__ _____PHONE ( )_ _____

EMPLOYMENT DATES: FROM__ _____ TO__ _____

POSITION/TITLE_ _____SUPERVISOR_ _____

MAJOR DUTIES/RESPONSIBILITIES__ _____

_ _____
_ _____

	YES	NO
1. Usually comes to work on time?	____	____
2. Missed more than 10 days of work in the last year? (except vacation)	____	____
3. Received an oral or written warning for performance or conduct within last year? (if yes, please explain)_____	____	____
4. Committed any serious misconduct while on the job? (if yes, please explain)	____	____
5. Requirements as to QUANTITY of work. (circle one)	**Meets**	**Exceeds**
6. Requirements as to QUALITY of work. (circle one)	**Meets**	**Exceeds**
7. Requires close supervision?	____	____
8. Cooperates with co-workers and supervisors?	____	____
9. Would you re-hire?	____	____

Supervisor's signature_____Date_____Phone#_____

Please put any remarks on the back of this sheet

Thank You

HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box10946
Goldsboro, NC 27532
Toll Free 1(888) 886-4477
Fax (919) 778-1535

EMPLOYEE REFERENCE CHECK FORM

Please complete the top section and have a previous supervisor complete the bottom section. If you are not able to contact them, write down their name and number.

APPLICANT NAME ___ _____ _____ _____S.S___ _____
(First) (M) (Last)

EMPLOYER__ _____PHONE ( )_ _____

EMPLOYMENT DATES: FROM__ _____ TO__ _____

POSITION/TITLE_ _____SUPERVISOR_ _____

MAJOR DUTIES/RESPONSIBILITIES__ _____

_____
_____

	YES	NO
1. Usually comes to work on time?	____	____
2. Missed more than 10 days of work in the last year? (except vacation)	____	____
3. Received an oral or written warning for performance or conduct within last year? (if yes, please explain)_____	____	____
4. Committed any serious misconduct while on the job? (if yes, please explain)	____	____
5. Requirements as to QUANTITY of work. (circle one)	**Meets**	**Exceeds**
6. Requirements as to QUALITY of work. (circle one)	**Meets**	**Exceeds**
7. Requires close supervision?	____	____
8. Cooperates with co-workers and supervisors?	____	____
9. Would you re-hire?	____	____

_____
_____
_____
_____
_____

Supervisor's signature_____Date_____Phone#_____

Please put any remarks on the back of this sheet

Thank You

CRIMINAL RECORDS CHECK FORM

I understand that the information given below is true and accurate to the best of my knowledge. Intentionally misrepresenting any information may affect my hire ability. Please print clearly.

NAME (FIRST, MIDDLE, LAST) _ _____ _____ _____

DATE OF BIRTH _ _____SOCIAL SECURITY #__ _____

MAIDEN NAME __ _____

DRIVER'S LIC # AND STATE__ _____

CURRENT ADDRESS _ _____

HOW LONG ? __ _____

CITY, STATE, ZIP _ _____

PREVIOUS ADDRESS __ _____

HOW LONG ? __ _____

CITY, STATE, ZIP __ _____

NEXT PREVIOUS ADDRESS _ _____

HOW LONG ? _ _____

CITY, STATE, ZIP _ _____

Medicaid requires that our record check must include your residence for the past five years. If the space above does not cover the past years, please add enough information at the bottom of this sheet to cover the past <u>five</u> years.

_ _____

__ _____

__ _____

__ _____

__ _____