

HOWELL SUPPORT SERVICES, LLC
Corporate Office
P. O. Box 10946 Goldsboro, NC 27532
Toll Free: 1-888-886-4477 Local: 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 _____ (Circle one)

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 (**Proof of eligibility will be required if hired**)

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.

- | | |
|---|--|
| <input type="checkbox"/> Driver's License # _____ State _____ | <input type="checkbox"/> Shorthand _____ wpm |
| <input type="checkbox"/> Adding Machine/Calculator _____ | <input type="checkbox"/> Typing _____ wpm |
| <input type="checkbox"/> Computer Software _____ | <input type="checkbox"/> Medical Records _____ |
| <input type="checkbox"/> 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 _____

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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: _____

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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

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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 |
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Supervisor's signature _____ Date _____ Phone# _____

Please put any remarks on the back of this sheet

Thank You

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(First) (M) (Last)

EMPLOYER _____ PHONE () _____

EMPLOYMENT DATES: FROM _____ TO _____

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MAJOR DUTIES/RESPONSIBILITIES _____

- | | YES | NO |
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| 1. Usually comes to work on time? | _____ | _____ |
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_____ | _____ | _____ |
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_____ | _____ | _____ |
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| 7. Requires close supervision? | _____ | _____ |
| 8. Cooperates with co-workers and supervisors? | _____ | _____ |
| 9. Would you re-hire? | _____ | _____ |

Supervisor's signature _____ Date _____ Phone# _____

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 five years.
