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EMPLOYMENT HISTORY: All employers listed below will be requested to verify the information that you provide herein.

Job Title: _____ Duties _____
Salary: _____ Date: from/to _____ Reason Left: _____
Employer: _____ Phone: _____
Address: _____

Job Title: _____ Duties _____
Salary: _____ Date: from/to _____ Reason Left: _____
Employer: _____ Phone: _____
Address: _____

Job Title: _____ Duties _____
Salary: _____ Date: from/to _____ Reason Left: _____
Employer: _____ Phone: _____
Address: _____

US Military Service: _____ Rank: _____
Date of Service _____ Honorable Discharge? Yes ___ No ___
National Guard or Reserves: _____

I hereby authorize Advantage Communication Services, Inc., to contact the above listed employers to obtain information concerning my past employment history.

Signature Date

Training

List any training that is applicable (such as CPR/FA, DDSD Core Classes, Physical Restraint, AWMD, etc):

List areas of specialized study, research, or additional experience:

List Education History: Name and location of High School, University/College, Trade, Business or Correspondence school. How many years attended, date graduated, and diploma/degree.

DRIVER INFORMATION:

Do you have a valid driver's license? YES or NO

License No. _____ Expiration Date: _____

I hereby authorize Advantage Communication Services, Inc., to obtain information concerning my past driving history for the purpose of transporting clients.

Signature

Date

(Please enclose a copy of your driver's license. A copy of your driving record will be requested.)

VEHICLE INFORMATION:

Main vehicle that will be used to transport the person receiving services:

Year: _____ Make: _____ Model: _____

License No. _____ Vehicle Identification No. _____

Name of Registered Owner(s) _____

Secondary vehicle that will be used to transport the person receiving services:

Year: _____ Make: _____ Model: _____

License No. _____ Vehicle Identification No. _____

Name of Registered Owner(s) _____

(Please enclose copies of your vehicle registration and proof of car insurance.)

CHARACTER REFERENCES:

List three people, other than relatives, whom we can contact by mail, telephone or in person to provide a character reference for you. Please list *complete addresses*.

NAME

ADDRESS

PHONE

I hereby authorize Advantage Communication Services, Inc., to contact the above listed individuals to obtain my personal and professional history for purposes of this pre-screening home study.

Signature

Date

APPLICANT'S PERSONAL CERTIFICATION:

I hereby certify that all of the information submitted by me on this application and any additional information that I have submitted to Advantage Communication Services, Inc., during this pre-screening home study process is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, I may will be disqualified from continuing in the home study process or, in the event I have entered into a contract to provide services to Advantage Communication Services, Inc., my contract will be terminated.

Applicant's Signature

Date

APPLICANT'S
AUTHORIZATION TO RELEASE INFORMATION

I understand that the Long Term Services Division, Department of Health, has set certain policies pertaining to the home study process intended to assure that individuals receiving services live in settings with others who promote the individual's capacity for independent functioning and productivity and in which the individual's health and safety is assured. Therefore, I hereby authorize Advantage Communication Services, Inc., to request the following background information concerning me and authorize the following named entities or persons to release such information to Advantage Communication Services, Inc.:

- 1) An FBI background and fingerprint check from the New Mexico Department of Health Caregivers Criminal History Screening Program (at a cost to me of \$65.00);
- 2) Any New Mexico arrest fingerprint card supported record information maintained by the New Mexico Department of Public Safety (or similar agencies in other states where I have resided within the past three years), including information concerning felony or misdemeanor arrests (an Authorization for Release of Information is enclosed);
- 3) A driver's record check based upon my driving record maintained by the New Mexico Motor Vehicle Department (or similar agencies in other states where I have resided within the past three years);
- 4) Information about my personal and professional history provided by the persons whose names and addresses I have listed above as character references or any former employers I have listed above;
- 5) My medical record information provided my healthcare provider; and
- 6) Information provided by my adult children and/or at least one adult relative whose names and addresses I have listed in this application.

I understand that Advantage Communication Services, Inc., will not use any of the information above for any other purpose other than pre-screening and will comply with all provisions of the Fair Credit Reporting Act, Public Law 91-508, and the Americans with Disabilities Act (ADA 1990), and all other applicable Federal and State laws and regulations. All information obtained is for the exclusive use of Advantage Communication Services, Inc., except to disclose said information to me and in accordance with applicable law and the provisions and policies of the Medical Assistance Division of the New Mexico Human Services Department, Medical Assistance Program Manual, Section MAD-736, and the contract between Advantage Communications, Inc., and the Long Term Services Division of the New Mexico Department of Health.

Applicant's Signature

Date