

Advantage Communications  
Supported Living-Direct Support Staff Application

**APPLICANT INFORMATION:**

**DATE** \_\_\_\_\_

Name \_\_\_\_\_  
  First                                Middle                                Last                                Maiden or

previous

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Mailing ADDRESS:**

Street Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. \_\_\_\_\_ Address \_\_\_\_\_

**CITIZENSHIP:**

Are you a United States Citizen?  Yes  No or a Legal Resident?  Yes  No  
*(Please enclose a copy of your Social Security Card or "Green" card.)*

**HEALTH:**

Do you have a medical condition, mental illness or disability that would prevent you from providing services to a person with disabilities? **YES or NO**

**CRIMINAL HISTORY:**

Have you ever been named in a complaint, arrested or received a felony conviction of any of the following: homicide, trafficking controlled substances, kidnapping, false imprisonment, aggravated assault or aggravated battery, rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related sexual offenses, crimes involving adult abuse, neglect or financial exploitation; or crimes involving child abuse or neglect? **YES or NO**

I hereby authorize Advantage Communication Services, Inc., to obtain information concerning my past criminal history for the purpose of this pre-screening home study.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Past criminal history may disqualify you from providing home-based services (29 NMAC 17.2, New Mexico's Caregivers Criminal History Screening Act. If you checked any of the above, please enclose documentation about each situation. The CCHSP, DOH has the final authority to qualify or disqualify*

*caregivers. If you disagree with their decision you may request reconsideration by calling 1-505-827-1417.)*

**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.

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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

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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.

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Signature

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Date

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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.

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Applicant's Signature

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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.

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Applicant's Signature

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Date

