

Preferred Alternatives, Inc.
Employment Requirements Checklist

Name: _____ Date of Hire: _____

Office: _____ Supervisor: _____

Application _____ W-4 _____

Criminal Record Check _____ NC-4 _____

DMV Report/Authorization _____ I-9 _____

Health Card or TB Test _____ SBI Release Form _____

2 Forms of ID (DL and SS Card) _____ Non-Compete Agreement _____

2 References _____ Position Description _____

Inspection Sticker ID & Expiration _____ Driver's License Verification _____

Copy of Auto Registration _____ Client Rights/Confidentiality _____

Copy of Auto Insurance _____

Copy of Educational Documentation _____

Hepatitis B Waiver _____

Copy of CNA Certification (if applicable) _____

Privileging Contract _____

PAR (Signed by supervisor) _____

Employee Health Record _____

Health Care Registry Date: _____

Core Competency Checklist Date: _____

Employee Handbook Date: _____

Employee approved to begin work Date: _____

Authorized By: _____

* Only Office Manager or designee by Operations Director can authorize employee to begin working. *
 Revised 10/20/03

Staff Contact Information

Name: _____

Mailing Address: _____

Street Address (if different): _____

Date of Birth: _____

Home Phone: _____

Other numbers to reach you: _____

email address: _____

Emergency contact: _____

Preferred Alternatives, Inc.

APPLICATION FOR EMPLOYMENT

Active for Thirty (30) days only

PLEASE PRINT

Date of Application: _____

PERSONAL INFORMATION

Name: _____
Last First MI Maiden (If Applicable)

Present Address _____
(Street Number, P.O. Box) City ST ZIP

Previous Address _____
(Street Number, P.O. Box) City ST ZIP

Home Phone _____ Pager/Cellular Phone _____

Emergency Phone No. _____ Are you at least age 18? ____ Yes ____ No

Do you have the right to work in the United States? ____ Yes ____ No If not, why? Explain on Back.

Have you lived in NC for the past 5 years? ____ Yes ____ No

Social Security Number _____

Position(s) applied for 1. _____ 2. _____

Rate of Pay expected _____ How soon could you report to work? _____

Type of employment ____ Full Time ____ Part Time ____ Temporary

What Days and hours can you work? Days (Circle) Mon Tues Wed Thurs Fri Sat Sun

Shifts/Hours _____
First Second Third

Number of hours you can work per week: Minimum _____ Maximum _____

Are you able to lift 50 lbs. or more? ____ Yes ____ No

In addition to your work history what other experience, skills or qualifications do you believe would be beneficial to our company? _____

Have you ever applied for a job with us before? ____ Yes ____ No Have you ever worked for us before? ____ Yes ____ No

Have you ever been refused a bond? ____ Yes ____ No

If so, state reason and date _____

Name _____
 (Personal Information Continued)

Have you ever served in the U.S. Armed Forces? ___ Yes ___ No

If Yes, what branch _____ Date Entered _____ Discharged _____

Do you currently have a valid Driver's License? _____ Yes _____ No

Have you ever been dismissed or asked to resign from any employment? ___ Yes ___ No If so, explain on back.

Did any dismissal or requested resignation involve abuse, neglect or any act of aggression? If so, explain on back.

Have you ever been convicted of a felony? ___ Yes ___ No Misdemeanor? ___ Yes ___ No

Do you have any pending charges against you? ___ Yes ___ No

If so, state conviction/charge, date offense occurred and city & state of offense.

(Disclosure will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness, in relation to the job).

Have you ever been convicted of any traffic violation? ___ Yes ___ No If so, what were the violations?

_____ Where? _____ When _____

Driver's License Number: _____ State: _____

Are you employed now? ___ Yes ___ No Why do you desire a change? _____

Have you ever held a position of trust (handling money or confidential material)? ___ Yes ___ No

Have you ever been reported to the Health Care Personnel Registry? _____ Yes _____ No
 If yes please give details on back

EDUCATION

Name and Address of School

Major

High School _____
 Circle last year completed: 9 10 11 12

Year Graduated? _____

College/Univ _____
 Circle last year completed: 1 2 3 4 5 6

Year Graduated? _____

Name _____

PRIOR WORK HISTORY

Please describe all work experience beginning with the most recent (use additional paper if needed).

1.	_____	_____	_____
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	Reason for Leaving _____		
2.	_____	_____	_____
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	Reason for Leaving _____		
3.	_____	_____	_____
	Name and Address of Employer	Phone Number	
	_____	_____	_____
	Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
	_____	_____	_____
	Job Titles & Duties	Date Left	Final Pay
	Reason for Leaving _____		

Name _____
(Work History Continued)

4. _____

_____	_____	_____
Name and Address of Employer	Phone Number	
_____	_____	_____
Immediate Supervisor (Name & Position)	Date Hired	Starting Pay
_____	_____	_____
Job Titles & Duties	Date Left	Final Pay
_____	_____	_____
Reason for Leaving _____		

TWO WORK REFERENCES

1. Name _____ Phone Number _____

Address _____ Type of Reference ___ Personal ___ Work

City _____ State _____ ZIP _____

2. Name _____ Phone Number _____

Address _____ Type of Reference ___ Personal ___ Work

City _____ State _____ ZIP _____

WRITING SAMPLE

Please write a short essay on your favorite vacation (no less than 75 words).

Please write a detailed description about how you make scrambled eggs.

Name _____

Preferred Alternatives, Inc is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications regardless of race, color, creed, sex, age, national origin, handicap, or other protected group under state, federal equal opportunity laws.

I understand and agree:

- 1) The company intends to check and hold me responsible for the accuracy of the statements made on this application. Any material misrepresentation or deliberate omission of a fact in the application may be justification for refusal of, or if employed, termination from employment.
- 2) Preferred Alternatives will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, and/or oral interviews. I authorize such investigation and the exchange of information requested by Preferred Alternatives and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or derogatory information discovered as a result of this investigation may prevent my being hired or, if hired may subject me to immediate dismissal.
- 3) I authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the duties of a job for which I am being considered. After a conditional offer of employment has been made with Preferred Alternatives, I further understand and agree
- 4) To take a medical examination and/or drug screening by a qualified physician at the discretion of my employer.
- 5) That, although management makes every effort to accommodate individual preferences and religious beliefs, business needs, at times, may require overtime, shift work, rotating work schedules and locations, holiday work or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.
- 6) That this is an application for employment and that no employment contract is offered or implied.
- 7) That if I become employed, such employment is for no definite period of time and that Preferred Alternatives may change wages, benefits and conditions of employment at any time.
- 8) That if I become employed or receive a job status change after employment, I will serve a 90-day conditional employment period.
- 9) If hired, you may be asked to sign a non-compete contract under company policy.

I have read, understand, and agree to the above conditions.

Signature

Date

This application will be kept in our active file for 30 days. You must reactivate your application after that time by reapplying in person.



Corporate Office
 P.O. Box 44105
 Fayetteville, NC 28309
 Phone: 910-483-5744
 Fax: 910-483-5494

Tailored Supports for People

BACKGROUND INVESTIGATION CONSENT

I _____ hereby grant consent for Preferred Alternatives, Inc. to perform a complete background investigation as terms of my employment. I understand this investigation may include but is not limited to my driving record, criminal record, and researching my references. Further, I understand that some negative information may eliminate my eligibility for employment with Preferred Alternatives, Inc. and shall not be considered discrimination. I understand this background check is a condition of employment under Preferred Alternatives, Inc. policies and procedures.

 Signature of Applicant

 Date



Tailored Supports for People

Corporate Office
P.O. Box 44105
Fayetteville, NC 28309
Phone: 910-483-5744
Fax: 910-483-5494

CONSENT TO DRUG SCREENING

I _____ consent to a drug screening as terms of my
(Print name)
possible employment with this company. Further, I do understand that I may be
subject to random drug screening at any given time during my employment. I
also understand that failure to comply with the drug-screening program may be
cause for disciplinary action up to and including termination. I do understand that
a positive drug screening may be cause for termination or denial of employment.

Signature of Applicant

Date

Preferred Alternatives, Inc.

Eastpointe Peer Bridgers

Phone: (919) 731-3311

FAX: (919) 731-3383

Employee Reference Check

Name of Applicant: _____

Name of Reference Source: _____ Title: _____

Name of Company: _____ Phone: _____

1. When did he/she work for your agency? From _____ To _____
2. What was his/her job when hired? _____
3. What position did he/she hold upon leaving? _____
4. Was his/her work satisfactory? _____
5. What was his/her attitude toward work and fellow workers and supervisors? _____
6. How was his/her attendance and punctuality? _____
7. What was his/her strong points? _____
8. What were his/her weak points? _____
9. Why did he/she leave your agency? _____
10. Would you re-employ individual? _____ if no, why? _____
11. Please describe his/her clinical and administrative skills: _____
12. Has he/she ever received any disciplinary or reprimand actions? _____
If yes, why? _____
13. Was employee punctual in meeting task assignments? _____
14. Did employee complete paperwork in a timely manner? _____
15. On a scale of 1-10 (with 10 being the highest) rate the employee's performance _____
16. How did the employee accept supervision? _____
17. How did the employee utilize supervision? _____

Additional Comments: _____

Signature

Title

Date

I the above referenced employee authorize the above referenced company to release the information contained in this Request, and shall hold harmless anyone releasing this information.

Signature:

Date:

Preferred Alternatives, Inc.

Eastpointe Peer Bridgers

Phone: (919) 731-3311

FAX: (919) 731-3383

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Signature

Title

Date

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