A-1 Community Choice LLC
"Where Individuals Come First"

Notice:

This is the short version of our application packet. If you are interested in applying as a caregiver at A-1 Community Choice please fill out this packet and return it to the office.This packet can be emailed to a1communitychoice@hotmail.com or faxed and signed electronically at time of interview or you can mail or hand deliver it to the office. You would be required to fulfill all requirements listed at a1communitychoice.com in accordance with APD's iBudget handbook. We suggest that you call the office and discuss all of this information before completing the education requirements. Please remember that simply completing the education requirements and applying does not guarantee a position.

If hired you will be required to pay for your Level 2 background screening and CPR/First Aid training. If you have any questions feel free to contact us.

350 N. Washington Ave
Suite B
Titusville, FL 32796
Phone 321-269-8563
Fax 321-267-5708
a1communitychoice@hotmail.com

A-1 Community Choice LLC
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PERSONNEL INFORMATION

Name _____
(First) (Middle Initial) (Last)

D.O.B. _____ M _____ F _____

Address_____
(Address) (City) (State) (Zip)
Education Level: _____

Home Phone (___)_____ S.S.N _____

Cell Phone:(___)_____ E-Mail Address_____

Emergency Contact: _____ Relationship_____

Home Phone (___)_____

EMPLOYER USE ONLY

Section I Personnel Info.		**Section II**		**Section IV**	
1.Driver's License		DCF Clearing House Screening		Direct Care Core Competencies (DCCC)* ***30 days after hire***	
		FDLE Screening/Rap sheet		Zero Tolerance* ***Before working with client***	
2.Personnel Information		Local Law Screening		HIPAA* ***30 days after hire***	
Requirements for Service Provider		Affidavit of Compliance		Blood-Borne Pathogens **	
Application		Affidavit of GMC		CPR Certification **	
Reference - Work				1st Aid Training **	
Reference -Personal		**Section III**		***60 days after hire***	
Employee 90 Day Letter		W4		Requirements for all service providers	
Handbook Acknowledgement		Direct Deposit			
Drug Free Policy		Voided Check		Annual In-Service Training ***30 days after hire***	
High school Diploma					
		I-9 BOOK			
3. Vehicle Registration		I-9 (DHS Form)			
Vehicle insurance		Drivers License		**Hire Date:**	
		Social or Birth Cert.		**Termination Date:**	

*Online Courses
**Cardio Care – Fred (321) 749-9945 $50.00 for all 3 courses

Care Provider Background Screening Clearinghouse
Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

Applicant Information

***First Name:** _____

Middle Name: _____

***Last Name:** _____

Aliases: _____

***SSN:** _____

***Date of Birth:** _____

***Place of Birth:** _____

Demographics

***Sex:** _____

***Race:** _____

***Hair Color:** _____

***Eye Color:** _____

***Height:** _____

***Weight:** _____

Contact Information

***Address Line 1:** _____

Address Line 2: _____

***City:** _____

***State:** _____

***Zip:** _____

County _____

Prior States: _____

Email: _____

Phone: _____

*Denotes Required Fields

PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

_____

Employee/Contractor Name (Printed)

_____

Employee/Contractor Signature

_____

Date

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Requirements for Service Provider

SUMMARY: Direct Service Provider may provide one or more of the following services: Personal Supports, Life Skills I, Supported Living or Respite

GENERAL QUALIFICATIONS:

Must be at least 18 years of age or older.
Must complete a Level II Screening in accordance with Sections 435.04 Florida Statutes
Copies of valid Florida driver's license, vehicle registration, vehicle insurance
Must be eligible to complete an I-9 Form
Affidavit of Good Moral Character signed and notarized
Must comply with the agency's drug free work place policy
Must have own, dependable transportation to and from the job site.

QUALIFICATION REQUIREMENTS:

To perform services successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION AND/OR EXPERIENCE:

High School diploma or equivalent
Certification in CPR, First Aid and Bloodborne Pathogens Required within 30 days
Must complete Program Specific training; Introduction to Developmental Disabilities, Health and Safety, and Zero Tolerance
Must have at least one year of verifiable experience working directly with individuals receiving services in a medical, psychiatric, nursing, or childcare setting or working with recipients who have a developmental disability

LANGUAGE:

Must have the ability to communicate effectively verbally and in writing
Demonstrate active listening: listening to what other people are saying and asking questions as appropriate.

REASONING ABILITY:

Ability to solve practical problems and deal with various situations
Ability to interpret instructions in written, oral, or schedule form
Ability to establish effective working relationships with family members and the special needs of the individual being served
Time Management: the ability to manage one's own time to both arrive at assignment in a timely manner as scheduled as well as to be able to complete assigned tasks in the time allotted.

Documentation: Service Logs must include proper recording of services performed as well as accurate completion of other applicable forms (incident reports, etc.)

PHYSICAL NEEDS:

The physical demands described below are representative of those that must be met by a service provider to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individual with disabilities to perform the essential functions. While performing the duties of this service, the service provider is sometimes required to stand, walk, use hands and fingers to handle objects, tools, or controls, reach with hands and arms, bend and stoop, talk, and hear. Additionally, the service provider may be required to engage in physical activities that require whole body range of motion such as climbing stairs, walking, stooping, lifting and balancing. The service provider is frequently required to visually discriminate between small objects. The service provider will often lift or move up to 25 pounds; frequently lift 25 - 50 pounds and on occasion may need to maneuver weights in excess of 50 pounds through transfers and other job related activities.
The service provider must be able to redirect the individual being served if that individual is in danger of hurting him/herself or others. Some outdoor play activities may be requested. The service provider must be able to work night, weekend and/or holiday hours as necessary.

Service Provider Signature_____ Date_____

Office Official's Signature_____Date_____

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Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

First name _____ Last name _____ Middle initial_____

Street Address _____

City _____ State _____ ZIP _____ Social Security # _____

Cell Phone_____ E-Mail_____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ❑ Yes ❑ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) ❑ Yes ❑ No

If yes, please describe conditions. _____

Education	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

Employment History (Start with most recent employer) or attach resume

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

Reason for leaving _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

Reason for leaving _____

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a1communitychoice@hotmail.com

Company Name

_____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

Reason for leaving _____

Employment Application

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no one, other than the manager/ owner, has any authority to alter the foregoing.

Signature_____ Date _____

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Personal Reference

CONFIDENTIAL REFERENCE REQUEST

Applicant Name: _____ Date: _____

Personal Reference Name: _____

Phone #: _____ Fax#: _____

Relationship with personal reference: _____Known how long: _____

I, _____ have applied to A-1 Community Choice for contractual employment. I hereby release from all liability the person completing this form, and authorize them to release all information regarding my relationship with them.

Applicant's Signature: _____ Date: _____

**********This section to be filled out by personal reference**********

A1 Community Choice conducts a complete reference check, prior to contracting, on each applicant. All information supplied by you is confidential. Any statements that you wish to make in the Additional Comments section would help us determine a placement for this applicant.

Is the above information correct?	Yes	No	In not, explain:_____
Is this applicant dependable and on time?	Yes	No	
Is there any reason you feel this applicant should not provide services to an individual with a developmental disability?	Yes	No	If yes, explain: _____

Additional comments:_____
_____
_____

Printed Name: _____ Title: _____ Date: _____

Signature from Personal Reference: _____

Please Fax this completed form to 1 (321) 267-5708 or return by e-mail or mail.

Thank you for taking the time to complete this reference.

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Work Reference

CONFIDENTIAL REFERENCE REQUEST

Applicant Name: _____ Date: _____

Previous Employer: _____

Phone #: _____ Fax#: _____

Employed From: _____To: _____ Position held: _____

I, _____ have applied to A-1 Community Choice LLC for contractual employment. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Applicant's Signature: _____ Date: _____

**********This section to be filled out by previous employer**********

A1 Community Choice LLC conducts a complete reference check, prior to contracting, on each applicant. All information supplied by you is confidential. Any statements that you wish to make in the Additional Comments section would help us determine a placement for this applicant.

Is the above information correct?	Yes	No	If not, explain:_____
Is this applicant dependable and on time?	Yes	No	
Is there any reason you feel this applicant should not provide services to an individual with a developmental disability?	Yes	No	If yes, explain: _____
Did/does this applicant provide quality care?	Yes	No	If not, explain: _____
Is this applicant eligible for rehire?	Yes	No	If not, explain: _____

Additional comments:_____
_____
_____

Printed Name: _____ Title: _____ Date: _____

Signature from previous employer: _____

Please Fax this completed form to 1 (321) 267-5708 or return by mail.

Thank you for taking the time to complete this reference.

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PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by A-1 Community Choice LLC in the selection process of applicants for employment.

I agree that (Name of clinic or physician)_____Quest Diagnostics _____

May collect specimens for these tests and may test them, if qualified, or forward them to a licensed or certified laboratory designated by the company for analysis. I further agree to and hereby authorize the release of said test results to the company.

I understand that current use of illegal drugs may prohibit me from being employed at A-1 Community Choice LLC.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I carefully read the foregoing and fully understand its contents. I acknowledge that signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:

Print Name	
Signature	
Date Of Birth	
Phone Number	
Date	

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Employee Availability

Please fill in the hours you are available to work.

Employee Name: _____

Saturday: _____

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Additional comments:_____

_____

_____

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