

M&S HealthCare Services

Enriching the Lives of Those We Service

APPLICATION FOR EMPLOYMENT

Instructions to Applicants

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Equal Opportunity Information

State and Federal Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>_____ (Month) (Day) (Year)</p> <p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p>	
<p>ETHNIC GROUP</p> <ol style="list-style-type: none"> 1. White (non-Hispanic) 2. Black (non-Hispanic) 3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. Asian (including Pacific Islander) 5. American Indian (including Alaskan native) 	<p><input type="checkbox"/> A None/Prefer not to report</p> <p><input type="checkbox"/> B Blind or severely visually impaired</p> <p><input type="checkbox"/> C Deaf or severely hearing impaired</p> <p><input type="checkbox"/> D Loss of limited use of arms and/or hands</p> <p><input type="checkbox"/> E Non-ambulatory (must use wheelchair)</p> <p><input type="checkbox"/> F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p><input type="checkbox"/> G Respiratory impairment</p> <p><input type="checkbox"/> H Nervous system/Neurological disorder</p> <p><input type="checkbox"/> I Mentally restored</p> <p><input type="checkbox"/> J Mental retardation</p> <p><input type="checkbox"/> K Learning disability</p> <p><input type="checkbox"/> L Others (heart disease, diabetes, speech impairment)</p> <p><input type="checkbox"/> M Other (please specify)</p>

APPLICATION FOR EMPLOYMENT

Date of Application
(Will Remain on file for 90 days)
____/____/2013

Date of Interview
____/____/2013

Last 4 digits of Social Security No. Last Name First Name Middle Name

Address (Street number and name) City County

State Zip Code Phone Number (where you can be reached) E-mail Address:

Availability
Are you presently employed? YES NO
Are you related by blood or marriage to any person now working for MOFAZZAL SURAIYA, LLC AKA M&S HOMECARE SERVICES, LLC YES NO
If yes, give name, relationship to you and the agency where employed.
If subject to Military Selective Service registration, certify compliance by initialing dotted line

Military Service
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
Do you wish to declare a service-connected disability? YES NO
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? YES NO
Give dates of your (or spouse's) qualifying active military service:
Entered: _____ Separated: _____ Branch: _____ Rank: _____

Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)

Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.)
1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Jobs Applied For
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
1. _____ 2. _____ 3. _____

Referral Source
Please indicate your referral source:
If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES NO			
College(s) University (s)				YES NO			
Graduate or Professional				YES NO			
Other educational, vocational school, internships, etc.				YES NO			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)
Registration: _____ State: _____ No. _____
Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list):

For M&S Corporate Office Completion
DEGREES AND PROFESSIONAL CREDENTIALS
Have been verified as of ____/____/2013
M&S Authorized Signature: _____

Licenses and certifications (List, giving dates and sources of issuance):

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (if yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies that demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES NO
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

**M & S HOME CARE SERVICES
APPLICATION FOR EMPLOYMENT**

PROFESSIONAL REFERENCES

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED
NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED
NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

AUTHORIZATIONS - Read and initial each paragraph, and then sign below:

TRUTHFULNESS OF APPLICATION: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

AUTHORIZATION TO INVESTIGATE: I authorize any of the persons or organization referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the company to request and receive such information.

AT-WILL RELATIONSHIP: I understand and agree that if I am offered employment with the company it will be on an "at-will" basis. This means that either I or the company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company.

SEARCH OF PUBLIC RECORDS: Should a search of public records- including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment be conducted by internal personnel employed by the company, i am entitled to copies of any such public records obtained by the company unless I mark the check box below. if I am not hired as a result of such information, I am entitled to a copy of any such records even though I have Checked the box below.
[] I waive receipt of a copy of any public record described in the above paragraph.

SIGNATURE: _____ **DATE:** _____

CRIMINAL HISTORY CONSENT FORM

I hereby authorize ~~M & S HOME CARE SERVICES~~ to receive any criminal history, driver's history and credit information pertaining to me which may be in the files of any states or local criminal justice agency or any other civil agencies for the purpose of obtaining pre-employment verification.

PRINT FYLL NAME

LAST FIRST MIDDLE SUFFIX

Address APT# City/STATE/ZIP

Sex _____ Race _____ Date of Birth _____ SS# _____

Signature _____ TODAY DATE _____

- GA Criminal History Only
- Out of state criminal History
- Credit Profile
- Comprehensive report (All Three)

State: _____

One of the following Must Be Checked

- This authorization is valid for 180 days from date of signature.
- I, _____, give consent to the above-named to perform periodic criminal history background check for the duration of my employment with this company.

Special employment provisions (check only if applicable):

- Employment with mentally disabled (purpose code 'M')
- Employment with elder care (purpose code 'N')
- Employment with children (purpose code 'w')

Georgia code (O.C.G.A) Section 35-3-34.c

Neither the center, its employees, nor any agency or employee of the state shall be responsible for the accuracy of information disseminated and shall not have any liability for defamation, invasion of privacy, negligence, nor any other claims in connection with the dissemination pursuant to the code section and shall be immune from suit based upon such claims

~~M&S HOME CARE SERVICES~~
APPLICATION FOR EMPLOYMENT

GENERAL CODE OF CONDUCT GUIDELINES FOR EMPLOYERS

PLEASE READ AND CHECK OFF

-] REPORT TO WORK 15 MINUTES BEFORE THE BEGINNING OF YOUR SHIFT.
-] EMPLOYEE IS RESPONSIBLE FOR HIS/HER OWN TRANSPORTATION TO AND FROM WORK.
-] ALL SERVICES ARE TO BE PROVIDED IN ACCORDANCE WITH POLICY AND PROCEDURES OF M&S HOME CARE SERVICES.
-] ALL INFORMATION ABOUT THE CLIENT IS TO BE KEPT CONFIDENTIAL, ANY NEGATIVE COMMENTS ABOUT THE CLIENT SHOULD BE VOICED TO ONLY THE MANAGMENT OF M&S HOME CARE SERVICES.
-] YOU MUST CALL IN AT LEAST 24 HOURS PRIOR TO THE START OF YOUR SHIFT.
-] GOOD PERSONAL HYGENE IS REQUIRED.
-] TWO ABSENCES WITHIN A 30 DAYS PERIOD THAT WAS NOT CLEARED BY M&S HOME CARE SERVICES WILL REQUIRE A WRITTEN EXECUSE OR DOCTOR'S EXCUSE DEPENDING UPON THE TYPE OF CALL IN.
-] AN EMPLOYEE IS REQUIRED TO MAINTAIN A PHONE OR PAGER AT ALL TIMES.
-] AN EMPLOYEE IS REQUIRED TO WORK 1 DAY OUT OF EVERY 30 DAYS TO RETAIN ACTIVE STATUS
-] IT IS THE EMPLOYEE'S RESPONSIBILITY TO REPORT ALL WORK RELATED INJURIES TO M&S HOME CARE SERVICES PROMPTLY (WITHIN 24 HRS). FAILURES TO REPORT MAY WAIVER THE RESPONSIBILITY OF M&S HOME CARE SERVICES. MAKING THE EMPLOYEE RESPONSIBLE FOR THE NEEDED CARE AND COST.
-] A NO CALL NO SHOW FOR A PREVIOUSLY CONFIRMED SHIFT WILL RESULT IN 2 MONTH SUSPENSION.

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION FOR YOUR FILE
(CPR, FIRST AID, TB SKIN TEST AND BACKGROUND CHECK) CAN AND WILL
RESULT IN SUSPENSION UNTIL SUCH DOCUMENTS ARE OBTAINED BY
M&S HOME CARE SERVICES.

EXCESSIVE USE OF CELL PHONE OR BLUETOOTH OR CLIENT'S PHONE
WHILE PROVIDING CARE FOR THE CLIENT CAN AND WILL RESULT IN
SUSPENSION OR DISMISSAL.

LEAVING WORK EARLY WITHOUT PERMISSION OR NOTIFYING M&S
HOME CARE SERVICES WILL RESULT IN SUSPENSION.

EMPLOYMENT IS CONTINGENT UPON BACKGROUND CHECK

NON-COMPLETE CLAUSE CAN NOT TAKE OUR CLIENT FROM M&S TO ANOTHER
AGENCY.

I, _____ (PRINT NAME) have read and
understand the above policies and procedures set by M&S Home care services and
by signing I agree to uphold these policies and procedures.

EMPLOYEE SIGNATURE

DATE

PLEASE INDICATE TRAINING OR RELEVANT EXPERIENCE THAT YOU HAVE

CERTIFIED NURSE ASSISTANT

- _____ COMPLETED CERTIFIED NURSE ASSISTANT TRAINING BUT NO WORK EXPERIENCE
- _____ CPR, FIRST AID COURSE TAKEN AND HAVE CURRENT CARDS
- _____ NON PAID EXPERIENCE CARING FOR A PERSON WITH DISABILITIES.

PROCEDURE PERFORMED FOR CLIENT	I HAVE RECEIVED TRAINING	I HAVE WORK EXPERIENCE:	I NEED TRAINING
AMBULATION/TRANSFER			
POSITIONING IN BED/CHAIR			
GROOMING/SHAVING/HAIRCARE/DENTAL CARE			
DENTAL CARE			
TOILETING/DIAPERING			
SKIN CARE/BED BATH			
MOVING BED/CHAIR TRANSFERS			
DRESSING			
CARING FOR QUADRIPLAGIC			
CARING FOR HEMPLEGIC			
FEEDING DISABLED			
VITAL SIGNS			
HOME INFECTION CONTROL			
HOME MANAGEMENT			
HOME SAFETY			
HOME SANITATION			
PROPER NUTRITION			
FOOT CARE			
CARE OF THE ELDERLY			
CARE OF THE CONVALESCING			
MEAL PREPARATION/MEAL SERVING			
TRANSPORT/ESCORT SERVICES			
HOUSEKEEPING/HOUSE CLEANING			
MEDICAL EMERGENCIES IN THE HOME			
TRANSFER CLIENT USING A HOYER LIFT			
CATHERIZATION/CONDOM CATH CARE			
FEEDING TUBE			
MEDICATION ASSISTANCE			
SUCTIONING			
PERSON ON VENTILATOR			
USE OF ADAPTIVE EQUIPT/WHEELCHAIR COMMUNICATIVE DEVICE			
OPERATION OF A WHEELCHAIR LIFT EQUIPPED VEHICLE			
WOUND CARE			
WORKING WITHMENTALLY CHALLENGED			
ASST THERAPEUTIC EXERCISES			

_____	STAFF SIGNATURE	DATE _____
_____	AGENCY PERSONNEL	DATE _____