





**EMPLOYMENT  
ADVOCATES GROUP**

Phone:			
		Your Title:	
		Supervisor:	
Phone:			
		Your Title:	
		Supervisor:	
Phone:			
		Your Title:	
		Supervisor:	
Phone:			

These positions will require tasks such as lifting, running, kneeling or performing CPR during emergencies, as well as having the ability to complete all required documentation according to standards and to pass all required tests; all areas that are considered “essential job functions”. You may also be required to use authorized physical intervention techniques during episodes of aggressive client behavior. Do you have any limitations that may affect your ability to perform these tasks?  Yes  No (If yes, please explain.)

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Have you ever been convicted of any crime other than a traffic violation?  Yes  No (If yes, please explain.)  
Include offense, note if a misdemeanor or felony and date of conviction.

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This position will require that we are able to contact you in the event of emergency or shift change. Do you have a current, active telephone number? \_\_\_\_\_

**If I am hired at EAG in a direct care role:**

- I understand that the needs of the individual we support and programs come first; therefore I may be assigned a different shift or location to meet those needs.
- I will provide the information and release required to complete CPS/APS and criminal history checks.
- I will submit verification of vehicle insurance coverage within the first thirty days of employment.
- I will obtain and submit the results of tuberculosis (TB) test within the first thirty days of my employment.
- I understand that I will be required to have a vehicle available to use on a regular basis, during all shifts worked.



- I understand that during the course of my employment I must meet all of the standards of HHS-OIG as a non-excluded provider.
- I understand that I must complete/pass all required training and maintain current certifications in CPR/First Aid.
- I understand and agree that my employment is for no specific period of time, and that I may be terminated without any previous notice.

**I understand and agree that the information contained in this application may be verified and that falsification of any information is cause for dismissal.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Employment Advocates Group – Personnel References

Please provide 5-6 Professional References\*:

- Name/Phone Number/Email Address: \_\_\_\_\_
- Name/Phone Number/Email Address: \_\_\_\_\_
- Name/Phone Number/Email Address: \_\_\_\_\_
- Name/Phone Number/Email Address: \_\_\_\_\_
- Name/Phone Number/Email Address: \_\_\_\_\_
- Name/Phone Number/Email Address: \_\_\_\_\_

\*Please notify all references that Employment Advocates Group may contact them for a reference check



## Background and Reference Check Release Form

I, \_\_\_\_\_, hereby authorize **EAG** and its agents to make investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications.

I also authorize EAG to request, review, and obtain driving and vehicle information through Virginia's Department of Motor Vehicles at time employment is offered and ongoing thereafter.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

<input type="text"/>	<input type="text"/>
<i>Employee signature</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>
<i>Printed Name</i>	<i>Driver's License #</i>