

# CSRA PRIVATE DUTY, INC.

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

An Equal Opportunity Employer

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of source (if applicable): \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Have you submitted an application here before?  Yes  No

Have you ever been employed here before?  Yes  No

Are you currently employed?  Yes  No If yes,  Part-time  Full-time

Will you continue your current job if employed by CSRA Private Duty?  Yes  No

May we contact you at work?  Yes  No

If yes, work #: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM/PM

Type of employment desired:  Part-time  Full-time  Temporary

Date available for work: \_\_\_\_\_ What is your desired salary range \$ \_\_\_\_\_

Do you have dependable transportation to travel between work sites?  Yes  No

Are you available to work nights or weekends?  Yes  No

Are there days or times you are **unavailable** to work?  Yes  No

If yes, specify days and times. \_\_\_\_\_

Will you work overtime, if required?  Yes  No

Have you pled "**guilty**", or "**no contest**" to, or been convicted of a crime?  Yes  No

Answering "YES" to this question does NOT constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation will be taken into account. If yes, please give details: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

## EMPLOYMENT HISTORY

**Provide the following information regarding your past and current employment. The most recent 5 years of work history are required. If you were unemployed during the last 5 years, briefly explain periods of unemployment in the comments section below. Use additional sheets if necessary.**

EMPLOYER	TELEPHONE #	DATES EMPLOYED	FROM:	TO:
ADDRESS		HOURLY RATE/SALARY	\$	PER
JOB TITLE		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
SUPERVISOR				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?		YES	NO	

EMPLOYER	TELEPHONE #	DATES EMPLOYED	FROM:	TO:
ADDRESS		HOURLY RATE/SALARY	\$	PER
JOB TITLE		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
SUPERVISOR				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?		YES	NO	

EMPLOYER	TELEPHONE #	DATES EMPLOYED	FROM:	TO:
ADDRESS		HOURLY RATE/SALARY	\$	PER
JOB TITLE		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
SUPERVISOR				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?		YES	NO	

EMPLOYER	TELEPHONE #	DATES EMPLOYED	FROM:	TO:
ADDRESS		HOURLY RATE/SALARY	\$	PER
JOB TITLE		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
SUPERVISOR				
REASON FOR LEAVING				
MAY WE CONTACT FOR REFERENCE?		YES	NO	

COMMENTS (INCLUDING EXPLANATION OF ANY PERIODS OF UNEMPLOYMENT) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## EDUCATIONAL BACKGROUND (if job related)

(A) List the last three (3) schools attended, starting with the most recent. (B) List number of years completed. (C) Indicate degree or diploma earned, if any. (D) Grade Point Average or Class Rank. (E) Major Field of study. (F) Minor field of study (if applicable).

(A) SCHOOL	(B) NUMBER OF YEARS COMPLETED	(C) DEGREE/DIPLOMA	(D) GPA/CLASS RANK	(E) MAJOR	(F) MINOR

## REFERENCES

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are NOT related to you.

NAME	TELEPHONE #	NUMBER OF YEARS KNOWN

## ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve, National Guard or any other similarly protected status.

List any additional information you would like us to consider.

**APPLICANT/ EMPLOYEE CONSENT FORM**

I, \_\_\_\_\_, hereby acknowledge my understanding that, as a condition of my employment with CSRA Private Duty, Inc., I must accept management’s reserved right to require a Pre-employment Drug Screen, a satisfactory Motor Vehicle Report, and an acceptable Criminal Records Check. I also acknowledge that, at my time of hire, I will be required to pay a **\$10.00 NON-REFUNDABLE ADMINISTRATIVE FEE** towards the costs of these screenings.

**\*I understand and accept the terms of this agreement as a condition of my employment. (Employee Initials) \_\_\_\_\_**

**DRUG AND ALCOHOL SCREENING CONSENT**

I hereby acknowledge my understanding that I may be subject to drug and/or alcohol testing for any of the following reasons: *Pre-employment, Post-Hire, For Cause or Suspicion, Random, Post-Accident, Promotion and/or Job Transition*

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

**\*I understand and accept the terms of this agreement as a condition of my employment. (Employee Initials) \_\_\_\_\_**

**MOTOR VEHICLE REQUEST CONSENT**

I hereby give my permission to CSRA Private Duty, Inc. to run a MVR (Motor Vehicle Request) on me at my time of hire and on an “as needed basis”. I acknowledge that I must have an acceptable MVR.

**\*I understand and accept the terms of this agreement as a condition of my employment. (Employee Initials) \_\_\_\_\_**

**RELEASE OF CRIMINAL RECORDS/GCIC CONSENT**

I, the undersigned, do hereby authorize CSRA Private Duty, Inc., to examine any and all criminal records and arrests pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information. At this time, would your Criminal/Background History Report show any derogatory information at all?

**YES or NO (CIRCLE ONE)**

**Answering “YES” will not automatically disqualify you from employment consideration. If yes, please explain in detail:**

**PLEASE PRINT ALL INFORMATION CLEARLY**

*Information for Criminal Background Search:*

**Print Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex: (Circle One) M F** **Race:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City,** \_\_\_\_\_ **, State,** \_\_\_\_\_ **, Zip,** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Driver’s License Number:** \_\_\_\_\_

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

**\*\*Employment with elder care (Purpose code “N”)**

**\*\*One of the following must be checked:**

This authorization is valid for 90 days / 180 days (circle one) from the date of signature.



**I, \_\_\_\_\_, give consent to CSRA Private Duty, Inc., to perform periodic criminal history background checks for the duration of my employment with them.**

## **APPLICANT AVAILABILITY**

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Please be very specific with the information below. BE HONEST- If you are not willing to work in a certain area or work a certain day/time, please tell us up front. This will NOT affect your possible employment with our agency. It will allow us to place you on cases that will suit your schedule.

What areas are you willing to work? (Please note that we serve the following counties- Baldwin, Columbia, Elbert, Glascock, Greene, Jefferson, Lincoln, Madison, McDuffie, Morgan, Oglethorpe, Putnam, Richmond, Taliaferro, Warren, and Wilkes.

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What days and times are you available to work?

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Will you work weekends?

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Will you work nights?

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## APPLICANT STATEMENT

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I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that after CSRA Private Duty makes a job offer to me, I may be required to undergo a physical examination and/or a drug or alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, CSRA Private Duty may require me to undergo a drug and/or alcohol test at any time during my employment and immediately following a work-related injury. I agree to submit to such testing.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. **I understand my failure to report to work will indicate that I have quit.** This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please submit completed application by either faxing, mailing or emailing the application to one of the addresses below.

If mailing the application, please mail to the P.O. Box listed.

CSRA Private Duty, Inc.  
127 Gordon Street  
P.O. Box 254  
Washington, GA 30673  
(706) 678-3108 or (800) 987-2511  
(706) 678-3111 (Fax)  
[Scanner@csrapd.com](mailto:Scanner@csrapd.com)



ACKNOWLEDGEMENT OF APPLICANT'S NON-CRIMINAL JUSTICE
PRIVACY RIGHTS AND CONSENT TO BE INCLUDED
IN THE CAREGIVER PORTAL

SECTION I - PRIVACY RIGHTS - TO BE COMPLETED BY INDIVIDUAL BEING FINGERPRINTED:

- APPLICANT TYPE: [ ] Owner (Facility)
[X] Applicant for Employment/Direct Access Employee (Facility)
[ ] Non-Employee (Facility Volunteer)
[ ] Contractor/Direct Access (Facility)

PRINT FULL NAME Last First Middle Date of Birth (mm/dd/yyyy)

Home Address Street City State Zip

Email Address Telephone No.

CSRA Private Duty, Inc.

Name of Facility

127 Gordon Street Washington GA 30673
Street City State Zip

I hereby authorize the Georgia Department of Community Health (DCH), Office of Inspector General, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand a State and Federal fingerprint criminal background check will be conducted. By signing below, I am indicating that I have read and understand the terms and conditions of the attached Non-Criminal Justice Applicant's Privacy Rights and Policy Act Statements.

Applicant Signature Date

SECTION II - CAREGIVER PORTAL - TO BE COMPLETED ONLY BY AN APPLICANT OR EMPLOYEE BEING FINGERPRINTED AS PART OF FACILITY LICENSURE. DOES NOT INCLUDE OWNERS OR FAMILY EMPLOYERS.

- APPLICANT TYPE [X] Applicant for Employment/Direct Access Employee (Licensed Facility)
[ ] Non-Employee (Volunteer at Licensed Facility)
[ ] Contractor/Direct Access Employee (Licensed Facility)

The Georgia Caregiver Portal only contains the eligibility status of applicants and employees who have successfully passed the background screening process. The Caregiver Portal does not contain the names of applicants and employees who are ineligible. Family employers can access the Caregiver Portal to view a prospective applicant or current employee's eligibility to determine their suitability for employment to provide personal care services to that employer's elderly family member or wards. All services are performed at locations not licensed by DCH. Individuals should check one of the boxes below.

- [ ] I agree to the results of my background check determination being available to family employers in the Georgia Caregiver Portal.
[X] I am seeking employment only by licensed healthcare employers. I do not want or agree to the results of my background check determination being available to family employers.

Applicant Signature Date



Print Full Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City, State

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Issuing State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_