

## Advantage Care Services

### ***EMPLOYMENT OPPORTUNITIES NOTICE TO ALL APPLICANTS***

1. **ONE applicant must be completed for EACH position applied for.** A resume can be attached to the application, but will not be considered by itself.
2. Applications are accepted by mail or fax.
3. The application must be fully completed to be considered. This includes indicating the specific position title for which you are applying and signing the form. (If applying for a specific position which requires a degree, license, and/or certification, copies of these items may be submitted with your application **(OPTIONAL)**).
4. Applications are forwarded to the appropriate hiring supervisors, who set up their own interviews.
5. All persons hired into position within this agency must have a current driver's license and Social Security Card, or other acceptable proofs of identity and citizenship or work permit. At a minimum, you must hold a high school diploma or GED. If you do not have a driver's license or Social Security card let an ACS representative know.
6. Applications may be completed in the Corporate or regional offices Monday-Friday from 10:00 a.m. to 3:00 p.m. or it can be emailed / mailed or faxed to the following address:

**ADVANTAGE CARE SERVICES**  
**5039 Beckwith Blvd Ste 105**  
**San Antonio, Texas 78249**  
**FAX: 210-641-2863**  
**BY EMAIL: [advantagecare@att.net](mailto:advantagecare@att.net)**

**Advantage Care Services**

**REFERRAL SOURCE**

CHECK ONE: ADVERTISEMENT EMPLOYEE RELATIVE WALK IN OTHER

*PRINT IN INK OR TYPE: Resumes will be accepted, but not in place of completed application. The application will not be considered unless it is signed and all questions are answered.*

**I. PERSONAL DATA:**

**DATE:** \_\_\_\_\_  
\_\_\_\_\_

(NAME: LAST, FIRST, AND MIDDLE INITIAL)		(SOCIAL SECURITY NUMBER)	
(ADDRESS: NO., STREET NAME, APT.#)	(CITY)	(STATE)	(ZIP CODE)
(HOME PHONE NUMBER)	(WORK OR OTHER PHONE NUMBER)		

**II. EDUCATION:**

HIGH SCHOOL? YES NO COMPLETED GED? YES NO DATE OF GRADUATION?

\_\_\_\_\_

COLLEGE/UNIVERSITY	CITY AND STATE MAJOR	DEGREE EARNED	GRADUATION DATE (if applicable)

**III. LICENSE, REGISTRATION, OR CERTIFICATION (if applicable)::**

(TYPE)	(LICENSE NUMBER)
(GRANTED BY)	(STATE OF)

				LICENSE/REG VALID			
(SPECIALTY)				(MMDDYY) TO		(MMDDYY)	
<b>IV. SKILLS/ABILITIES</b>							
TYPING SPEED : (wpm)				SHORT-HAND : (wpm)		COMPUTER	
SKILLS:							
LANGUAGE SKILLS:		YES	NO	TYPE:			
FLUENT WRITTEN:		Y	N				
		E	O				
		S					

		NO	VERBAL:		
			YES NO		
OTHER SKILLS:					

**V. GENERAL INFORMATION:**

TITLE OF POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED HERE? YES NO

DO YOU CURRENTLY WORK AT ACS? YES NO WHAT TITLE/PLACE: \_\_\_\_\_

**V. GENERAL INFORMATION CONTINUED:**

DO YOU HAVE ANY RELATIVES(S) WORKING AT THIS AGENCY OR SERVING AS A BOARD OF TRUSTEES MEMBER? YES NO

IF YES, LIST NAME(S) AND RELATIONSHIP(S): \_\_\_\_\_

**VI. WORK PREFERENCE:**

EARLIEST DATE YOU ARE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_

SALARY RANGE ACCEPTABLE: \$ \_\_\_\_\_ WILL YOU CONSIDER?

DAY SHIFT ONLY EVENING SHIFT  
 ANY SHIFT NIGHT SHIFT

FULL-TIME EMPLOYMENT PART-TIME EMPLOYMENT

TEMPORARY EMPLOYMENT FLEXIBLE TIME/SCHEDULE

**VII. EMPLOYMENT HISTORY:** list your employment history in reverse order- *LAST JOB FIRST*.

Are you a Veteran of the United States Military Service? Yes \_\_\_ No \_\_\_ If yes, what branch?. \_\_\_\_\_

As a minimum, include all employment for past five years, with emphasis on last two positions, **If you are currently employed, may we inquire with your present employer?** YES NO

**Most Recent Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_  
to \_\_\_\_\_

Telephone: \_\_\_\_\_ Job  
Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May ACS Contact? YES NO

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_  
Ending: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_  
to \_\_\_\_\_

Telephone: \_\_\_\_\_ Job  
Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May ACS Contact? YES NO

Reason for Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_  
Ending: \_\_\_\_\_

Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_

to \_\_\_\_\_

Telephone: \_\_\_\_\_

Job

Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

May ACS Contact?

YES

NO

Reason for

Leaving: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_

Ending: \_\_\_\_\_

Work

Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 with cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by the authorized officer. As an applicant, I acknowledge that I have read and fully understand that ADVANTAGE CARE SERVICES has an Employment-At-Will Policy, and seek employment under these conditions.

\_\_\_\_\_

APPLICANTS SIGNATURE

\_\_\_\_\_

DATE