

Date Received: \_\_\_\_\_

**QUALITY CARE  
SOLUTIONS, INC**



**Application for Employment**

**Personal Information**

Last Name:		First Name:		Middle:	Date:
Street Address:			Mailing Address:		Home Telephone (with area code)
City:	State:	Zip:	County:		Secondary Telephone (with area code)
Email Address:					Social Security Number XXX - XX - _____
From whom or where did you learn of our agency and this vacant position?					Are you legally eligible to work in the United States? _____
Are you related to anybody now working for QCS Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, whom: _____ Relationship: _____					
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, Date of employment: _____					
When are you available to begin work? _____					

**Position(s) Desired:** \_\_\_\_\_

**Salary Expectations:** \$ \_\_\_\_\_ per Hourly Weekly Monthly Yearly

Check the types of work you will accept:

- Permanent Full-time     
  Temporary Full-time     
  Shift or Split Shift Work     
  Any of the following  
 Permanent Part-time     
  Temporary Part-time     
  Working Involving Travel

**Notice:**

Typical work activities may include changes in work location, position, duties assigned and work schedules, which best fit current needs. No condition of employment is guaranteed, but is subject to change as to best fit the needs of the agency and the customers served. At some point in your "at will" employment you may be directly involved in this type of activity.

**Applicant's Signature:** \_\_\_\_\_

Attention: Human Resources Department  
3824 Barrett Road Suite:105 Raleigh, NC 27609  
Office: 919 -790 -7775/ Fax: 919-790-9755

Date Received: \_\_\_\_\_

**Education (Please include copy of transcripts and diploma, originals will be required upon employment)**

Circle highest grade <b>COMPLETED</b> : 1 2 3 4 5 6 7 8 9 10 11 12 GED												College 1 2 3 4				Grad. School 1 2 3 4			
Schools	Name and Location		Dates Attended From: To:		Graduate <u>Y</u> or <u>N</u> Type of Degree Received				Course of Study										
High School																			
College or University																			
Graduate or Professional																			
Other educational, vocational, etc.																			

**Skills and Trainings (Please include copies of licenses, registrations and certifications)**

Please circle the following skills and experience in which you have:

Word      Excel      Database      Desktop Publishing      Windows      Other \_\_\_\_\_

Special training programs and seminars you have completed:

Licenses and Certifications (list dates and sources of issuance):

Any additional information pertaining to skills, trainings and certifications:

1. Describe your three best attributes. What do you like about yourself?
  - a.
  - b.
  - c.
2. Describe your three weaknesses. What do you like to improve on?
  - a.
  - b.
  - c.
3. What would your last employer tell us about you?
4. What is your personal history or background that is a source of pride to you?
5. What would be the perfect job for you?

6. Where do you see yourself (as a profession/career) in five years?

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 additional sheet)

**Military Service**

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?	_____ Yes _____ No
If YES, were you discharged honorably?	_____ Yes _____ No
If YES, do you wish to declare a service-connected disability?	_____ Yes _____ No
If YES, are you a <input type="checkbox"/> Vietnam, a <input type="checkbox"/> Desert Storm/Shield, or <input type="checkbox"/> other veteran? If so, (please specify) _____	
Are you a member of the Military Reserves?	_____ Yes _____ No
If YES, please provide your Branch: _____ and Rank: _____	

**Employment History**

(Please give accurate information of complete full-time and part-time employment. Start with your present or most recent employer; submitting RESUME ONLY is not acceptable.)

**\*\*\*BE SPECIFIC OF THE POPULATION YOU HAVE WORKED WITH\*\*\***

*(CHILD or ADULT, Mental Health, Developmentally Disabled, or Substance Abuse)*

Current or Last Employer:	Job Title:
Address:	Starting Salary: \$ _____ Per _____
Supervisor Name/Title:	Ending Salary: \$ _____ Per _____
Telephone Number:	May we contact employer before offer? _____ Yes _____ No
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: (Please be specific)	
Reason for Leaving:	

Current or Last Employer:	Job Title:
Address:	Starting Salary: \$ _____ Per _____
	Ending Salary: \$ _____ Per _____

Date Received: \_\_\_\_\_

Supervisor Name/Title:	May we contact employer before offer? _____ Yes _____ No
Telephone Number:	
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: <b>(Please be specific)</b>	
Reason for Leaving:	

Current or Last Employer:	Job Title:
Address:	Starting Salary: \$ _____ Per _____
	Ending Salary: \$ _____ Per _____
Supervisor Name/Title:	May we contact employer before offer? _____ Yes _____ No
Telephone Number:	
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: <b>(Please be specific)</b>	
Reason for Leaving:	

Current or Last Employer:	Job Title:
Address:	Starting Salary: \$ _____ Per _____
	Ending Salary: \$ _____ Per _____
Supervisor Name/Title:	May we contact employer before offer? _____ Yes _____ No
Telephone Number:	
Full-time: From _____ To _____	If supervisor responsibility, the number of employees supervised by you: _____
Part-time: From _____ To _____ Hours per week? _____	
List major duties: <b>(Please be specific)</b>	
Reason for Leaving:	

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**PRE-EMPLOYMENT INQUIRIES RELEASE AND CONSENT**

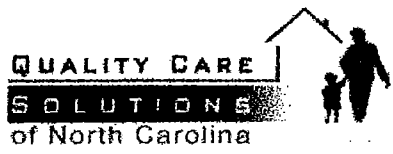
In connection with my application for employment (including contract for services) with QCS, Inc., I undersigned, understand and consent that a consumer report, which may contain public record information, will be requested. This report may include the following types of information: name and dates of previous employers, reasons for termination of employment, work experience, accidents, etc. I further understand that such a report may contain public information concerning my driving record, workers compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. A facsimile or other copy of this release/consent bearing my signature is as valid as the original. For purposes of gathering this information, I agree to supply the following information:

(Please print the following information)

<b>Last Name:</b> _____		<b>First Name:</b> _____		<b>Middle:</b> _____		<b>Maiden:</b> _____	
Current Address: _____				Social Security Number: _____			
City/State/Zip: _____				County: _____			
Previous Address, If above address is Less than three (3) years:							
City/State/Zip: _____				County: _____			
Driver's License #:			State of Issue:			Date Issued:	
I hereby fully release and discharge above named employer, their respective affiliates, subsidiaries, officers, employees, agents, and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer, from all claims and damages arising out of or relation to any investigation of my background for employment purposes. I have the right to make a request, upon proper identification of all the information obtained from the consumer report agency.							
Signature of Applicant: _____				Date: _____			
Equal Opportunity Employment Information (This information is <i>voluntary</i> ):							
QCS Inc. policy prohibits discrimination based on race, sex, color, national origin, age or handicap. Sex, age or absence of handicap is a bona fide occupational in a small number of 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.							
Date of Birth (mm/dd/yyyy): _____ / _____ / _____				Gender: Male _____ Female _____			
Ethnic Group: _____ <i>White</i> (non-Hispanic; includes Arabians) _____ <i>Black</i> (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian descent) _____ <i>Hispanic</i> (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin/culture) _____ <i>Asian</i> (includes Pacific Islanders, Pakistanis and Indians) _____ <i>American Indian</i> (includes Alaskan natives) _____ <i>Other</i> (if you feel you do not fit into one of the above categories please elaborate) _____							
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event conformation is needed in connection with my work. I authorize education institutions, associations, registration and licensing boards, and others to furnish whatever detail is viable 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 position qualifications. (Authority: G.S. 126-30, G.S. 1401221)							
Signature of Applicant: _____				Date: _____			
<b>(unsigned application will not be processed)</b>							

Attention: Human Resources Department  
3824 Barrett Road Suite:105 Raleigh, NC 27609  
Office: 919 -790 -7775/ Fax: 919-790-9755



**QUALITY CARE SOLUTIONS, INC.  
EMPLOYEE STAFF MEMBER REFERENCES**

**NAME:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**COMMENTS/NOTES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Quality Care Solutions, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Quality Care Solutions, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Quality Care Solutions, Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

**AUTHORITY FOR RELEASE OF INFORMATION**  
**State Access Only**  
**Name Check Access**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with QUALITY CARE SOLUTIONS pursuant to HEALTH CARE PROVIDER - STATE ONLY - NCGS 114-19-3.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
Post Office Box 29500  
Raleigh, North Carolina 27626-0500

**ORI # HCP000116 - QUALITY CARE SOLUTIONS**

HCP000116





**QUALITY CARE**  
**SOLUTIONS**  
of North Carolina



MEMORANDUM

DATE: January 16, 2018

TO: Applicants

FROM: Shawn Renell Davis  
Director, Human Resources

RE: NC Division of Motor Vehicles

The following form requires the following information:

1. Your full name as it appears on your driver's license
2. Your signature
3. Your driver's license number, SSN and date of birth. (ALL THREE ITEMS MUST APPEAR)
4. Date.

If you should have any additional questions or concerns, please feel free to contact my office.

Thanks for your time and consideration.

