



Employment Application

Personal Information			
Last Name:	First Name:		Middle:
Date of Birth:	SS#:		Preferred Name:
Street Address:	City:	State:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:			
Driver's License #:	Licensing State:		Expiration:
Emergency Contact:	Relation:		Phone #:

Desired Position:	Start Date:	Hourly Pay Expectation: \$
Are you currently Employed?		How you applied here before?

Education	
High School:	Address:
Attended To (M/Y):	Attended From (M/Y):
Did you Graduate:	Diploma/Degree:
Undergrad School:	Address:
Attended To (M/Y):	Attended From (M/Y):
Did you Graduate:	Diploma/Degree:
Undergrad School:	Address:
Attended To (M/Y):	Attended From (M/Y):
Did you Graduate:	Diploma/Degree:
Undergrad School:	Address:
Attended To (M/Y):	Attended From (M/Y):
Did you Graduate:	Diploma/Degree:

Employment History	
(List Last Three Employers, starting with the last one first)	
1. Name:	Address:
Date to:	Date from:
Position:	Pay Rate:
Reason for Leaving:	
2. Name:	Address:
Date to:	Date from:
Position:	Pay Rate:
Reason for Leaving:	
3. Name:	Address:
Date to:	Date from:
Position:	Pay Rate:
Reason for Leaving:	

References		
List three supervisors. DO NOT repeat the names of supervisors previously listed in the work history section. This section is required to process the application.		
Supervisor's Name	Company	Phone Number

MH/DD/SA Trainings		
Name	Certificate Received (Y/N)	Expiration
CPR Adult (w/in the last 2 yrs)		
First Aid (w/in the last 2 yrs)		
NCl (w/in the last 1 yrs)		
Motivational Interviewing		
PCP Thinking		
PCP Elements		
TB Skin Test (w/in the last 1 yrs)		

Special Trainings			
Military Experience:		Rank:	
License/Certification:	State:	Number:	Expiration:
License/Certification:	State:	Number:	Expiration:
Special Certifications:		Special Certifications:	

*****Office Use Only*****
Applicant Credential Verification (Certified and licensed professionals)

	Credentialing Agency/Board	Certificate #	Expiration
LCSW			
LPC			
LPA			
LCAS			
RN			
FNP			
MD			
PA			
CPSS			
PhD			
CMA			
Phlebotomist			

Criminal Disclosure Statement			
I understand that the NC General Statutes protect personal information contained in my criminal background records, I hereby authorize that the personal information in my file maybe released to United Quest Care Services, LLC.			
Authorization and Attestation of Applicant			
<p>"I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide United Quest Care Services any information requested. I further authorize United Quest Care Services to conduct a <u>State/Federal Records investigation of my background, Office of Inspector General, National/State Sexual Offender Search, Driving record and Health Care Registry</u>. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed and release the company form all liability for any damage that may result from utilization of such information."</p> <p>"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>			
Personal Information			
Last Name:		First Name:	
Former Last Name:		Former First Name:	
Date of Birth:		SS#:	
Street Address:		City:	
Home Phone:		Cell Phone:	
Driver's License #:		Expiration:	
State:		Zip Code:	
Licensing State:		Preferred Name:	
Agency Used: www.databaserecords.com			
<i>My Signature Confirms that I understand and agree with the Criminal Disclosure Statement and Authorization and Attestation</i>			
Applicant's Signature:			Date:

Office Use Only	
Background Records Review (The results of the review are as follows)	
<input type="checkbox"/> No records found for the employee listed above. <input type="checkbox"/> Records were reported for offenses committed by an individual or individuals other than the employee listed above. <input type="checkbox"/> Minor offenses were reported for this employee. <input type="checkbox"/> Serious offenses were reported for this employee.	
Review Decision (Based upon the review of records comparing this employee's background check, the suitability for hire as follows)	
<input type="checkbox"/> This employee has no offenses or minor offenses. This employee is suitable for hire. <input type="checkbox"/> This employee has major offenses that require further investigation before a decision can be offered. <input type="checkbox"/> The nature of this employee's offenses makes him/her unsuitable for employment. <input type="checkbox"/> Other: _____	
Reviewer Name: _____	
Reviewer's Signature: _____ Date: _____	
Follow-up Comments:	