



Dear QCS, Inc Applicant,

Thank you for your interest in QCS, Inc and the position that you are applying for.

This application package is one of our first introductions to you and we appreciate your time and effort in submitting your complete application packet to QCS, Inc.

Please complete the employment packet by submitting your completed and signed employment application, as well as your updated resume. Please sign and date all forms provided where your signature and date are requested.

Below you will find our QCS, Inc Resume Requirements for you to use as a guide to make sure your resume is updated before you submit it with your application.

Thank you and we are looking forward to receiving your application and resume.

QCS, Inc Resume Requirements

Full name of the applicant / employee

Address

Email

Phone # (cell or land or both)

Summary

Skills (detailed description)

Professional history (listing the most recent employers chronologically) - should include beginning employment month and year, as well as your employment end date and year. If you are currently employed, please enter the words "Present" as your end date and year.

Note: Applicants working with Medicaid services and in the Mental Health Field currently, or in the past, please list on your work history, for each position you have had, the target population (child, adult, adolescent), age of population, and the diagnosis of the population/clients served.

Lastly, educational history, certifications, and any professional licenses you hold.



Application for Employment

Personal Information

Last Name:	First Name:	Middle:	Date:
Street Address:			Home Telephone (with area code)
City: Nm.	State:	Zip:	County:
Email Address:			Secondary Telephone (with area code)
From whom or where did you learn of our agency and this vacant position?			Social Security Number XXX – XX – _____
			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
 Permanent Part-time
 Temporary Part-time
 Permanent Full-time
 Any of the following

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: _____

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

Circle highest grade COMPLETED: 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 any crime under the name you used on this application or under any other name?

In accordance with 10A NCAC 27G.0202 (c), you must disclose any/all criminal convictions prior to hire. Space is provided below.

By signing this employment application, you are affirming that you, as the applicant, have answered this question and there are no exclusions.

_____ Yes _____ No (If yes, please explain when, where, and disposition of case).

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

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

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 required. 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)

Last Name:		First Name:		Middle:		Maiden:	
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 Voluntary):							
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: _____ White (non-Hispanic; includes Arabians) _____ Black (non-Hispanic; includes Jamaicans, Bahamians and other Caribbean peoples of African but not Hispanic or Arabian descent) _____ Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin/culture) _____ Asian (includes Pacific Islanders, Pakistanis and Indians) _____ American Indian (includes Alaskan natives) _____ Other (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 confirmation 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: _____	
(Unsigned application will not be processed)							



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:

QUALITY CARE SOLUTIONS, INC.**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 Since: _____
(Mo/Yr) (Street) (City) (Zip/State)Previous Address Since: _____
(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 applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____



MEMORANDUM

TO: Applicants

FROM: Luanne Fanelli
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.
5. Please have this page Notarized. You may find an available Notary at your bank, UPS Stores, and you can google search for a Notary in your area.

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

Thanks for your time and consideration.



NORTH CAROLINA DIVISION OF MOTOR VEHICLES

Driver's Privacy Protection Act
Authorization To Disclose Personal Information
Form DPPA-2



The Federal Driver's Privacy Protection Act (DPPA) of 1994, 18 U.S.C. § 2721 et seq. and N.C. General Statute 20-43.1 restrict the disclosure of certain personal information contained in an N.C. motor vehicle record. Your notarized, written consent is required for the release of this information to any person or entity not otherwise authorized to receive it under these statutes.

I hereby authorize the release of my personal information to the individual or any duly authorized agent of the organization shown below.

Release Information To: Quality Care Solutions, INC. 3824 Barrett Road Suite 105 Raleigh, NC 27609

Print your full name as it appears on your driver license

Your signature (MUST BE SIGNED)

Your N.C. Driver License/Customer Number _____

Date of Birth _____

Acknowledged before me this date:

Notary Signature _____

Date _____ County _____ State _____ Commission Expires _____