

## **IMPORTANT:**

### **Read and follow these instructions when completing your application**

If hired, your application (according to MH/DD/SAS guidelines [30-1 standard]), must become part of your credentialing. **References are required as a part of credentialing; therefore, you must allow Specialized Services & Personnel to call previous employers for references once you are considered for hire.**

1. Your application must be neat, legible and completed in its entirety.
2. Again, follow directions. In the section where you are asked to identify your employment history, make sure you indicate your employer's complete mailing address, phone number, full-time or part-time work, number of hours per week if part-time, duties and responsibilities, etc.
3. All information must be true and accurate.
4. Your application is part of the credentialing process and is reviewed by Mental Health Agencies, State, and Federal auditors. If your application does not follow all instructions, you will need to complete it to be considered for employment. According to 30-1 standards for credentialing, the applicant must be able to read, write, and understand/follow directions.

For those applicants who have resided in the state of NC for less than 5 years and whose criminal record check must be processed through NC SBI, any offer of employment will be considered conditional until a subsequent background check has been satisfied. Should an offer of employment be made, Specialized Services & Personnel, Inc. shall submit a request (within 5 days) for a criminal record check to the Department of Justice under G. S. 14-19.10. The Department of Justice shall then notify NC DHHS of the results. NC DHHS then notifies Specialized Services & Personnel, Inc. within 5 days whether the information received may affect the employability of the applicant. It is then that Specialized Services & Personnel, Inc. will notify the applicant of his/her employment status.

**Specialized Services & Personnel, Inc.**

Post Office Box 1356, Aberdeen, NC 28315

Date of Application

Social Security Number	Last Name	First Name	Middle
Address (street number & name)		City	County
State	Zip Code	Phone Number (Home)	Phone Number (Cell)
Email Address			Business Phone

**Have you lived in NC for the past 5 years?** Yes No**Do you now work for SS&P?** Yes No**Are you related by blood or marriage to any person now working for SS&P?** Yes No

(if yes, give name \_\_\_\_\_, relationship to you \_\_\_\_\_ and where employed \_\_\_\_\_.)

**Have you ever worked for SS&P?** Yes No (if yes, give dates of employment \_\_\_\_\_)

As a condition of employment, all applicants must consent to a criminal history record check in order to be considered for employment. We will not employ an applicant who refuses to consent to a criminal history record check as prescribed in N.C. Law, S.L. 1997-125, Senate Bill 876. Do you give us permission to conduct a criminal history record check on yourself? Yes No Initial: \_\_\_\_\_

if you have a "Relevant Offense", which means a State crime, whether a misdemeanor or felony, that bears upon an individual's responsibility for the safety and well-being of aged or disabled persons, you may not be considered for employment.

**Have you ever been convicted of a crime in the past?** Yes No**Have you ever been convicted of a traffic violation?** Yes No (if yes, explain fully on additional sheet - Page 9)

CHECK the types of work you will accept: Permanent Full-time Permanent Part-time

If you are not available for work now, give the earliest date you could begin work ( )

Will you accept work anywhere in N.C.? Yes No (if no, list below the counties in which you would be willing to work)

1. 2. 3. 4. 5.

**Jobs Applied For**

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. 2. 3.

**Referral Source**

Please indicate your referral source: \_\_\_\_\_

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: \_\_\_\_\_

**Education****Choose Highest Level of Education Completed:**

Under S/Q Hrs. list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools - Name & Location	Dates Attended (mo/yr)		Graduate?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
	From:	To:				
			Y N			
			Y N			

Have you served honorably in the Armed Forces of the United States on active duty? Yes No

Military	Branch of Service	Rank of Discharge	Dates of Service		Duties
			From:	To:	

\*\*Attach DD214 If you were active duty

Employer:		Complete Mailing Address			May we contact employer?	
					Yes No	
Job Title		Supervisor's Name:		Telephone Number		No. Supervised by you:
Date Employed (mo/yr)		Starting Salary		Ending Salary		Reason for Leaving
		\$ Per		\$ Per		
Date Separated (mo/yr)		Duties/responsibilities. If mental health work was involved, identify population worked with:				
Full Time		Years	Months			
Part Time		Years	Months			
If part time, number of hours per week:						
Employer:		Complete Mailing Address			May we contact employer?	
					Yes No	
Job Title		Supervisor's Name:		Telephone Number		No. Supervised by you:
Date Employed (mo/yr)		Starting Salary		Ending Salary		Reason for Leaving
		\$ Per		\$ Per		
Date Separated (mo/yr)		Duties/responsibilities. If mental health work was involved, identify population worked with:				
Full Time		Years	Months			
Part Time		Years	Months			
If part time, number of hours per week:						
Employer:		Complete Mailing Address			May we contact employer?	
					Yes No	
Job Title		Supervisor's Name:		Telephone Number		No. Supervised by you:
Date Employed (mo/yr)		Starting Salary		Ending Salary		Reason for Leaving
		\$ Per		\$ Per		
Date Separated (mo/yr)		Duties/responsibilities. If mental health work was involved, identify population worked with:				
Full Time		Years	Months			
Part Time		Years	Months			
If part time, number of hours per week:						
Employer:		Complete Mailing Address			May we contact employer?	
					Yes No	
Job Title		Supervisor's Name:		Telephone Number		No. Supervised by you:
Date Employed (mo/yr)		Starting Salary		Ending Salary		Reason for Leaving
		\$ Per		\$ Per		
Date Separated (mo/yr)		Duties/responsibilities. If mental health work was involved, identify population worked with:				
Full Time		Years	Months			
Part Time		Years	Months			
If part time, number of hours per week:						
Employer:		Complete Mailing Address			May we contact employer?	
					Yes No	
Job Title		Supervisor's Name:		Telephone Number		No. Supervised by you:
Date Employed (mo/yr)		Starting Salary		Ending Salary		Reason for Leaving
		\$ Per		\$ Per		
Date Separated (mo/yr)		Duties/responsibilities. If mental health work was involved, identify population worked with:				
Full Time		Years	Months			
Part Time		Years	Months			
If part time, number of hours per week:						

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 educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available 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 meet position qualifications. (Authority; G.S. 126-30. G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed)

Date

## Consumer Reports Release

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving records, education, prior employee verification and worker's compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies, which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request of the agency contacted by this employer, upon proper identification and the payment of any authorized fee the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print your name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State in which Driver's License was issued \_\_\_\_\_ License Number \_\_\_\_\_

For Identification purposes:

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Other or former names \_\_\_\_\_

Professional License: State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

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

**North Carolina Division of Motor Vehicles  
Driver License Section**

**Request for Motor Vehicle Record  
Official Record of Convictions for Violations of  
Motor Vehicle Laws and Departmental Action**

*(Please type or print clearly)*

I am hereby requesting the Motor Vehicle Record (MVR) of the below listed person:

Name \_\_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ Birth Date \_\_\_\_\_  
(First) (Middle or Maiden) (Last)

\_\_\_\_\_  
(Street address) (City/Town) (State)

NC Driver License No. \_\_\_\_\_ SSN or ITIN \_\_\_\_\_

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

*Optional:*

\_\_\_\_ Copies of Suspension Orders are also requested.

Provide date of Suspension Order Charge \_\_\_\_\_

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Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Position: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing OR State Address: \_\_\_\_\_ Courier No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mail this form to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699

Form DL-49 Revised May 2005 *previous editions are obsolete DO NOT USE*

## **EMPLOYMENT HISTORY CHECK/VERIFICATION**

As a condition of employment, Specialized Services & Personnel, Inc. (SS&P) is required to do employment history checks/verification. This is a part of the credentialing process to ensure that staff is qualified and that they do not pose a risk/threat to those individuals receiving services.

As a potential employee of SS&P, I agree to allow SS&P to do an employment history check/verification on current and previous employers I have been affiliated with.

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Signature

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Date

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Print Name

## Consent for Background / Disclosure of Crime

As a condition of employment, all applicants must consent to a criminal history record check in order to be considered for employment. We will not employ an applicant who refuses to consent to a criminal history record check as prescribed in N.C. Law, S.L. 1997~125, Senate Bill 876.

Do you give us permission to conduct a criminal history record check on you?

(Check YES or NO below)

YES  NO Initials: \_\_\_\_\_

*If you have a "Relevant Offense", which means a state crime, whether a misdemeanor or felony, that bears upon an individual's responsibility for the safety and well-being of aged or disabled persons, you may not be considered for employment.*

Have you ever been convicted of a felony? (Check YES or NO below)

YES\*  NO

Have you ever been convicted of a crime in the past? (Check YES or NO below)

YES\*  NO

Have you ever been convicted of a traffic violation? (Check YES or NO below)

YES\*  NO

**\*if yes to any, please explain fully on an additional sheet. (Page 8)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please explain fully any traffic violations for which you have been convicted:**

**Please explain fully any felony convictions:**

**Please explain fully any criminal convictions:**