

ONE LOVE DEVELOPMENTAL SERVICES INC.

*PERIODICAL SERVICES

620 W. INNES ST
PO BOX 2223
SALISBURY NC
704-642-0140 FAX 642-0012

APPLICATION FOR EMPLOYMENT

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. We are an equal opportunity employer.

Please print

Position (s) applied for						Date of Application	
Last Name		First Name			Middle Name		
Address	Number	Street	City	State	Zip Code		
Telephone Number (s)				Social Security Number			

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? If yes give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? If no, why not? _____ Yes No

Do you have a valid driver's license? State and Number _____ Yes No

Are you prevented from lawfully becoming employed in the county because of Visa or Immigration Status. Yes No

Are you related to any one associated with our company? Yes No

Are you available for work full time part time prn
Have you been convicted of a crime, either a misdemeanor or felony? Yes No

Proof of conviction doesn't necessarily disqualify an applicant from employment.

Have you ever had an employment history of neglect, abuse of children or the disabled? Yes No

Have you ever been convicted of child abuse? Yes No

If you answered yes to any of the previous three questions, please explain _____

EDUCATION AND TRAININGS

EDUCATION AND TRAINING (please include copy of transcripts originals will be required upon employment)

SCHOOL	NAME	DATE ATTENDED	GRADUATE Y/N	COURSE/ DEGREE
HIGH SCHOOL				
COLLEGE				
BUSINESS				
TECHINICAL				
GRADUATE				

LIST SPECIFIC TRAININGS OR SPECIAL SKILLS THAT MAY ASSIST YOUR JOB PERFORMANCE HERE AT OLDS SERVICES.

- 1.
- 2.
- 3.
- 4.
- 5.

AUTHORIZING RELEASE OF INFORMATION OF REFERENCES
(THIS PAGE GIVES OLDS PERMISSION TO CALL AND VERIFY YOUR REFERENCES)

EXPERIENCE: _____

ABILITY TO WORK WITH A GROUP OF PEOPLE _____

DATE OF COMPLETING _____

NAME OF PERSON (GIVING REFERENCE) _____

TITLE: _____

WE CERTAINLY THANK YOU FOR YOUR COOPERATION AND ASSURE YOU THAT ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE. WE ARE LOOKING FORWARD TO HEARING FROM YOU AT YOUR EARLIEST CONVENIENCE.

SINCERELY,

AUTHORIZATION FOR REFERENCE

To Whom It May Concern:

I have submitted my application to One Love Developmental Services Inc. and listed your name as a reference I have applied for a position as _____.

Please fully respond to all inquires from One Love Developmental Services INC. concerning my previous employment with you. I specifically waive prior oral or written notice of disclosure of my personnel record information including but limited to any performance appraisals or any disciplinary action that may have occurred during my tenure with your agency/company.

I hereby release you and your agency/ company from any claimed liability arising out of any response or disclosure you might make concerning my employment. This release is intended to cover any communication, oral or written that you might have with a representative from One Love Development Services Inc.

Signature _____ Print Name _____

REFERENCE CHECK SHEET

THREE REFERENCE ARE REQUIRED FOR EMPLOYMENT

(TWO JOBS RELATED ONE PERSONAL)

TO: _____ DATE: _____

Applicant's Name _____
Position applied for _____

The above named person has applied for a position with One Love Developmental Services, Inc. and has given your name as a reference. We appreciate any information you can furnish us regarding this person's character and/ or job performance. We would appreciate a reply as soon as possible, as our regulations require that references must be on file before we can confirm employment. All information given will be used to determine employment . All information will be kept confidential.

I have known this applicant as an ζEmployee ζAcquaintance
If an employee give position and date of
employment _____

Please indicate your evaluation of the applicant in following areas.

	EXCELLENT	GOOD	AVERAGE	POOR
QUALITY OF WORK				
QUANTITY OF WORK				
ATTITUDE				
INITIATIVE				
LEARNING ABILITY				
DEPENDABILITY				
ATTENDANCE				
MATURITY				
CHARACTER				
RELIABILITY				

AUTHORITY FOR RELEASE OF INFORMATION

I AUTHORIZE THE NORTH CAROLINA DEPARTMENT OF JUSTICE THROUGH THE STATE BUREAU OF INVESTIGATION, DIVISION OF CRIMINAL INFORMATION TO PERFORM A NORHT CAROLINA CRIMINAL HISTORY RECORDS INFORMATION CHECK IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT WITH ONE LOVE DEVELOPMENTAL SERVICES INC. pursuant to N.C.G.S. 114-19.3.

LAST NAME

FIRST

MIDDLE

MAIDEN

SOCIAL SECURITY NUMBER

DOB

SEX

RACE

_____-_____-_____- _____ _____ _____

I UNDERSTAND THAT THE NORTH CAROLINA STATE BUREAU OF INVESTIGATION, DIVISION OF CRIMINAL INFORMATION, AND ITS OFFICALS AND EMPLOYEES SHALL NOT BE HELT LEGALLY ACCOUNTABLE IN ANY WAY FOR PROVIDING THIS INFORMATIN TO THE ABOVE NOME HEALTH CARE PROVIDERS, AND I HEREBY RELEASE SAID AGENCY AND PERSONS FROM ANY AND ALL LIABILITY WHICH MAY BE INCURRED AS A RESULT OF FURNISHING SUCH INFORMATION.

APPLICANT'S EMPLOYEE'S SIGNATURE

DATE

THIS REQUEST FORM MUST BE ACCUMPANY WITH A TRANSMITAL LETTER FROM THE AUTHORIZED PERSONNEL OR INDIVIDUAL REQUESTING CRIMINAL HISTORY RECORD INFORMATION. THIS REQUEST MUST BE MAILED TO:

**STATE BUREAU OF INVESTIGATION
DCI/ IDENTIFICATION SECTION
407 NORTH BLOUNT STREET
RALEIGH, NORTH CAROLINA 27601-100**

WORK HISTORY

CURRENT OR LAST EMPLOYER: _____	JOB TITLE _____
ADDRESS _____	STARTING SAL. _____
SUPERVISOR _____	CURRENT/ ENDING SAL. _____.
TELEPHONE _____	
REASON FOR LEAVING _____	MAY CONTACT EMPLOYER _____
EMPLOYED MONTH/YEAR _____	LIST MAJOR DUTIES _____
FULL TIME FROM _____	
PART TIME FROM _____	

CURRENT OR LAST EMPLOYER: _____	JOB TITLE _____
ADDRESS _____	STARTING SAL. _____
SUPERVISOR _____	CURRENT/ ENDING SAL. _____.
TELEPHONE _____	
REASON FOR LEAVING _____	MAY CONTACT EMPLOYER _____
EMPLOYED MONTH/YEAR _____	LIST MAJOR DUTIES _____
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ADDRESS _____	STARTING SAL. _____
SUPERVISOR _____	CURRENT/ ENDING SAL _____.
TELEPHONE _____	
REASON FOR LEAVING _____	MAY CONTACT EMPLOYER _____
EMPLOYED MONTH/YEAR _____	LIST MAJOR DUTIES _____
FULL TIME FROM _____	
PART TIME FROM _____	

PERSONAL REFERENCE

PERSONAL REFERENCE	
NAME _____	
TELEPHONE _____	
RELATIONSHIP _____	YEARS ACQUAINTANCE _____

PERSONAL REFERENCE	
NAME _____	
TELEPHONE _____	
RELATIONSHIP _____	YEARS ACQUAINTANCE _____

