



# One To One With Youth, Inc.

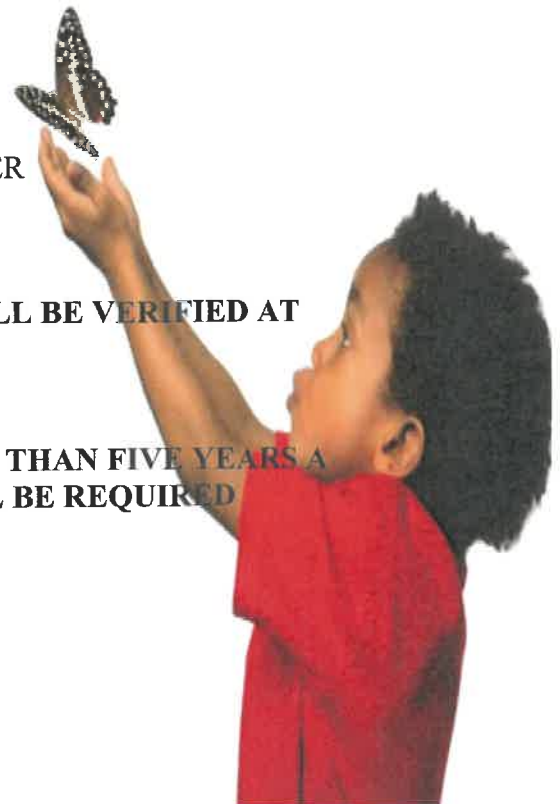
One to One with Youth, Inc.  
307 E. Beech St • Goldsboro NC, 27530  
(919) 731-2119  
[www.one2onewithyouth.net](http://www.one2onewithyouth.net)

## REQUIREMENTS FOR EMPLOYMENT: *To Be Provided By Applicant*

1. COPY OF HIGH SCHOOL OR COLLEGE TRANSCRIPT
2. VAILD NORTH CAROLINA DRIVERS LICENSE
3. SOCIAL SECURITY CARD
4. YEARLY TB SKIN TEST
5. COPY OF CURRENT AUTO INSURANCE
6. DRIVERS HISTORY CHECK
7. CRIMINAL BACKGROUND CHECK
8. MUST BE AT LEAST 21 YEARS OF AGE OR OLDER

**\*\*\*THESE DOCUMENTS ARE MANDATORY AND WILL BE VERIFIED AT THE TIME OF INITIAL INTERVIEW.\*\*\***

**\*\*\*IF YOU HAVE LIVED IN NORTH CAROLINA LESS THAN FIVE YEARS A NATIONAL CRIMINAL BACKGROUND CHECK WILL BE REQUIRED BEFORE YOUR APPLICATION IS PROCESSED.\*\*\***



**One to One with Youth, Inc.**  
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**PERSONNEL COMMUNICATION:**

**TO: ALL APPLICANTS**

**FROM: MANAGEMENT ONE TO ONE WITH YOUTH, INC.**

**RE: CRIMINAL RECORD CHECK GUIDELINES  
 NORTH CAROLINA GENERAL STATUS 122C-80**

Please be advised that comprehensive criminal record checks are completed on all applicants considered for employment with One to One with Youth, Inc. Individuals with offenses and convictions may not be acceptable for employment.

If you have been convicted of any of these crimes, please indicate on your application. Providing false information or failure to report the information is grounds for rejection of applications for employment.

Thank you for your honesty and for considering One to One with Youth, Inc. as a potential employer.

Have you ever been convicted of or plead guilty (including no contest) to any unlawful offense\* (other than minor traffic violation)?

YES  NO If YES, list the conviction, date, and county and state of conviction (If you need additional space, please attach another sheet). [Prayers for Judgment Continued (PJC's) and non-disclosed charges must be included, unless you have acted to expunge your record.]

Conviction	Date	Couty, State

\* A criminal background check will be acquired for applicants who are finalist for critical positions. A criminal record does not necessarily eliminate you from employment with One to One with Youth, Inc. Each conviction will be reviewed with respect to the Offense, circumstances, seriousness, and the positions for which you apply.

**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.

\_\_\_\_\_  
**Signature of Applicant (unsigned applications will not be processed)      Date**

\_\_\_\_\_  
**One to One with Youth, Inc.      Date**



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**EDUCATION HISTORY:**

**HIGH SCHOOL:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**GRADUATE:** YES \_\_\_ NO \_\_\_ **DATE OF GRADUATION:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**GRADUATE:** YES \_\_\_ NO \_\_\_ **DEGREE:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**OTHER EDUCATION: (List schools, dates, degrees, and/or certificates):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**PERSONAL REFERNCES: (Do not include family members)**

NAME	TELEPHONE NUMBERS
1. _____	_____
2. _____	_____
3. _____	_____

**LIST ANY JOB RELATED SKILLS YOU MAY HAVE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**LIST ANY TRAINING RELATIVE TO THE JOB YOU APPLIED FOR:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Are you currently employed:** \_\_\_\_\_

**May we contact your Present Employer:** \_\_\_\_\_

**WORK HISTORY: (Please list present employer or most recent employer first.)**  
**Please list all employers for the last 5 years.**

**1. Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_

**List Duties:** \_\_\_\_\_

\_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **FT/PT:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**2. Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_

**List Duties:** \_\_\_\_\_

\_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **FT/PT:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**3. Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_

**List Duties:** \_\_\_\_\_

\_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **FT/PT:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**4. Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_

**List Duties:** \_\_\_\_\_

\_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **FT/PT:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**5. Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **May We Contact?** \_\_\_\_\_

**List Duties:** \_\_\_\_\_

\_\_\_\_\_

**Date Hired:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **FT/PT:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

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**ADDITIONAL COMMENTS:**

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I, hereby declare that any information on this application for employment with One To One With Youth, is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related document which is desired material by One to One with Youth shall result in not employing me or, if employed, terminating my employment. I understand and agree that all information furnished on my application and all attachments may be verified by One to One with Youth, Inc. or its authorized representative. I hereby authorize all individuals and organizations named or referred to my application and any law enforcement organization to give One to One with Youth, Inc. all information relative to such verification and hereby release such individuals, organizations, and One to One with Youth, Inc. from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by One to One with Youth, Inc. that they may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving records, drug testing, and criminal convictions or arrest records in order to assist One to One with Youth, Inc. in making certain employment decisions. I further acknowledge that reports may be provided to One to One with Youth, Inc. by other firms subcontracted, from affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary, or otherwise, that I may have against One to One with Youth, Inc. affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report including any errors or omissions contained or omitted from such reports or investigations. One to One with Youth, Inc. agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by NC1,2,3.

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**Signature of Applicant (unsigned applications will not be processed)**

**Date**

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**REQUEST/VERIFICATION OF SCHOOL RECORDS:**

One to One with Youth, Inc. is requesting a copy of school records for:

from the following county school: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name as it appears on school records: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Name of High School Last Attended: \_\_\_\_\_

County of School Attended: \_\_\_\_\_

Last Year Attended: \_\_\_\_\_

Did you Graduate: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Address and Department of College/University: \_\_\_\_\_

Did you receive: Degree: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ GED: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Mailed information requested to:      Attention Personnel  
One to One with Youth, Inc.  
P.O. Box 963 • Mt. Olive, NC 28365

Signature of Applicant: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

Signature & Title of Person Requesting: \_\_\_\_\_

Print Name of Person Requesting: \_\_\_\_\_

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



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**PLEASE PRINT**

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (mo/day/yr): \_\_\_\_\_

Maiden Name or "AKA" (First, Middle, Last): \_\_\_\_\_ Dates used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Current and Previous Address(es) PROVIDE ALL ADDRESSES FOR PREVIOUS 5 YEARS

Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_ To: \_\_\_\_\_

Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_ To: \_\_\_\_\_

FOR EMPLOYER USE ONLY PLEASE MARK THE SEARCHES TO BE CONDUCTED

**CONTACT:**

County Criminal-All counties 7 years  
County Criminal-County of Residence  
Statewide Criminal-(State \_\_\_\_\_)  
Federal Criminal-Nationwide  
Federal Criminal-Statewide (State \_\_\_\_\_)  
Civil Records – (County of Residence)  
Civil Records – (All Counties 7 years)  
Parole & Probation Records (State \_\_\_\_\_)  
Sexual Offender Check (State \_\_\_\_\_)  
Motor Vehicle Records (State \_\_\_\_\_)

Social Security Verification  
Residency/History  
Employment Verification (previous employers)  
Reference Verification  
Education Verification(highest completed)  
Professional License Verification  
Credit Report-Employment  
Credit Report-Tenant  
Search maiden Name, Birth Name or  
"AKA" (each name constitutes and  
Additional search)

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**DRUG AND ALCOHOL USE**

It is One to One with Youth, Inc. desire to provide a drug free, healthful and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on One to One with Youth, Inc. premises and while conducting business related activities of One to One with Youth, Inc. premises, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to disciplinary action, up to and including the immediate termination of employment, and or required participation in a substance abuse rehabilitation or treatment program. Such violation may also have legal consequences.

Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program. Leave may be granted if the employee agrees to abstain from use of the problem substance, abides by all One to One with Youth, Inc. policies, rules and prohibitions relating to conduct in the workplace and if granting the leave will not cause One to One with Youth, Inc. any undue hardship.

Under this Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify One to One with Youth, Inc., of a criminal conviction for drug related activity occurring in the workplace. The report must be made within five days of the conviction.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or Administrative Director without fear or reprisal.

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**Signature of Applicant** (unsigned applications will not be processed) **Date**

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**One to One with Youth, Inc.** **Date**

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**CONSENT TO OBTAIN INFORMATION**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing and applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

\_\_\_\_\_  
**Signature of Applicant** (unsigned applications will not be processed)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**One to One with Youth, Inc.**

\_\_\_\_\_  
**Date**