



Employment Application

Availability: Check all that you could work
Mon ____ Tues ____ Weds ____ Thurs ____ Fri ____ Sat ____ Sun ____
Day Hours ____ Evening Hours ____ Nights ____ Overnights ____ Live-in ____

Date of Application: _____ Date Available for Employment: _____
Position Applying for: _____
Type of Employment Desired: ☐ ☐ Per Diem Number of Hours: _____
☐ ☐ Part Time Number of Hours: _____
☐ ☐ Full Time Number of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

(_____) (_____) (_____) _____
Home Phone Number Cell Phone Number or Work Phone Number

Email Address

Social Security Number Language skills other than English (written/spoken) Date of Birth

Have you ever been employed here before? Yes or No If yes, when? _____
Are you legally eligible for employment in the US? ☐ Yes ☐ No
If not legal citizen: Do you have a green card? ☐ Yes ☐ No
Do you have a social security card? ☐ Yes ☐ No
Has your visa expired? ☐ Yes ☐ No

REFERAL INFORMATION

How did you hear about us? (Please check)
☐ ☐ Newspaper Ad _____ ☐ ☐ Internet _____
Which newspaper? Which site?
☐ ☐ Current Employee _____
We'd like to thank them
☐ Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Quality Home Care Services an equal opportunity employer, All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because race, creed, color, gender, age, national origin, handicap or military status.

Employment History - Please begin with your most recent place of employment.

Place of Employment: _____	Start Date: _____
Address: _____	End Date: _____
Position: _____	Phone Number: _____
Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____

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Supervisor: _____	Salary: _____
Reason for Leaving: _____	Final Salary: _____

Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School: _____				
College: _____				
Other: _____				
Other: _____				

Military Service

Branch of Service: _____ Dates of Service: _____

Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No

Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History

Have you ever been convicted of violating any law? (Please omit minor traffic violations)

☐ Yes ☐ No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date