

# Quality Home Care Professionals, Inc.

## Application For Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Telephone number \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you authorized to work in the U.S. on an unrestricted basis? \_\_\_\_ Yes \_\_\_\_ No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before? \_\_\_\_ Yes \_\_\_\_ No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? \_\_\_\_ Yes \_\_\_\_ No

Can you perform these essential functions with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

Are there any hours or days you cannot or will not work? \_\_\_\_\_

Hours and days preferred \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state? \_\_\_\_ Yes \_\_\_\_ No (Conviction will not necessarily disqualify an applicant for employment.)

If yes, describe conditions: \_\_\_\_\_

### REFERENCES

NAME	STREET	CITY	STATE	RELATIONSHIP	PHONE	YEARS KNOWN

LAST SCHOOL ATTENDED: \_\_\_\_\_ Diploma? \_\_\_\_ Yes \_\_\_\_ No  
name last grade completed

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company?

\_\_\_\_\_  
\_\_\_\_\_

### POSITION APPLIED FOR:

Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**WORK HISTORY**

May we contact your present employer?

Yes

No

Most Recent Employer	Address	Telephone
Starting Salary: \$          Per Number of years employed:	Starting Position	
Salary on Leaving: \$          Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Starting Salary: \$          Per Number of years employed:	Starting Position	
Salary on Leaving: \$          Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Starting Salary: \$          Per Number of years employed:	Starting Position	
Salary on Leaving: \$          Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
Previous Employer	Address	Telephone
Starting Salary: \$          Per Number of years employed:	Starting Position	
Salary on Leaving: \$          Per	Position on Leaving	
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Quality Home Care Professionals to make an investigation of any of the facts set forth in this application.

I understand that employment at Quality Home Care Professionals is "at will", which means that either I or Quality Home Care Professionals can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Quality Home Care Professionals, other than the president has any authority to alter the foregoing.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_