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## Quality Respite & Home Care, Inc.

# Employment Application

Position applied for: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### CONTACT INFORMATION

Full Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Residence: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Name/Address of emergency contact: \_\_\_\_\_

Availability to work (*Please be specific*):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start:							
End:							

### ELIGIBILITY

Date available to start work: \_\_\_/\_\_\_/\_\_\_

Are you bilingual? Yes No

If yes, what language: \_\_\_\_\_

Are you legally eligible for employment in the U.S.?

Yes No

The employee is required to stand, walk, sit, reach with hands and arms, climb and balance, stoop, kneel, crouch or crawl. The employee must frequently lift and or move/shift up to 80 pounds. Are you able to perform the essential functions of the position with or without accommodations?

Yes No

Do you have any other names or aliases? Yes No

If yes, what name(s): \_\_\_\_\_

Are you a veteran? Yes No

Duty/Specialized training: \_\_\_\_\_

Are you at least 18 years of age? Yes No

Have you been terminated or asked to resign? Yes No If yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you CPR certified? Yes No

Do you have any special skills/certifications?

Are you First Aid certified? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, explain the number of convictions, nature of the offense(s) leading to conviction(s):

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

**EMPLOYMENT HISTORY**

Company / Position:	Reason for leaving:	Start /End Date:	Supervisor / Telephone #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

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

**REFERENCES**

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

**INFORMATION TO THE APPLICANT**

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. For employment, you may be required to: supply proof of authorization to work in the United States. I declare under penalty of perjury that I have read and understand the above information and have responded truly and correctly.

Signature of Applicant:

Dates: