

ALTERNATIVE QUALITY HEALING

Employment Application
An equal opportunity Employer

Date: _____

**Please Print in Black Ink*

Name _____
First Middle Last

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Email _____ How did you hear about us? _____

Street Address: _____

City _____ State _____ Zip Code _____

Position Applied for _____ DL# _____ Exp. Date _____

Do you have a current CPR registration? ___ Yes ___ No Exp. Date _____

Person we may contact in case of an emergency _____
Name Phone

Date available for employment _____

Circle days available for work: M T W TH F SAT SUN

EDUCATION

School Name & Location	Major	Dates Attended	Graduated

Employment Experience Please list job history starting with your current or most recent position, going back 5 years. If your references are incomplete (not listing phone numbers, position, etc.) your application will be discarded.

1. Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer above? ___Yes ___No If no, please explain: _____

2. Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer above? ___Yes ___No If no, please explain: _____

3. Company Name _____

Street Address City State Zip Code

Supervisor's name and Phone Number _____

Position _____ Duties _____

Starting Day _____ Starting Salary _____ Leaving Day _____ Leaving Salary _____

Reason for Leaving _____

May we contact the employer above? ___Yes ___No If no, please explain: _____

Proficiency Skills Checklist

Please check the appropriate boxes to describe your experience level with each skill listed below.

Key To Competency Levels

No Experience Minimal Experience, need review and supervision, have performed at least once Comfortable performing with resource available Competent to perform independently and safely Expert, able to perform to act as resource to others

Infection Control	0	1	2	3	4
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Proper Use of Infection Control/Protection Methods

Gloves					
Gown					
Mask/Goggles					
Isolation technique (protecting yourself and/or the client using protective clothing, gloves, and/or mask when the client has an infectious disease that can be on, or to protect the client when their immune system is low.)					
Handwashing					
Infectious/ Hazardous Waste Disposal (what to do with items soiled with body fluids or disposal of hazardous waste)					

Safety and Activity	0	1	2	3	4
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Identifying Safety Hazards (eg. Loose rugs, clutter)					
Determining Need for Additional Help					
Recognizing Abuse: Substance, Physical, Emotional, Etc					
Maintaining Clean, Orderly work area					
Transferring to Bed, WC, Commode, Etc.					
Ambulating with or without Device (walker, cane wheelchair)					
Use of wheelchair locks					
Use of Transfer belt					
Responding to Safety hazards					
Proper body mechanics (using proper posture and technique when providing care and during transfers)					

_____ I agree to allow Alternative Quality Healing, LLC to contact previous employers and professional references.

(Initials)

_____ I agree to allow Alternative Quality Healing, LLC to perform necessary background screenings applicable to (Initials) my employment.

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

Background Check Authorization Form

Print clearly and use black ink on this form.

Agency Name

Phone No.

TO BE COMPLETED BY APPLICANT IN FULL:

Last Name

Jr/Sr

First Name

Middle Name

Maiden Names or Aliases used in the past five years.

Social Security Number

Date of Birth

*Used solely for ensuring completion of a criminal record check; many jurisdictions use name and date of birth as the two primary identifiers of an individual's record. The age discrimination employment act of 1967 prohibits employers from discriminating on the basis of age, with respect to individuals who are 40 years of age and older.

Have you ever been convicted of a misdemeanor or felony? ☐ YES ☐ NO

Are you awaiting prosecution of misdemeanor or felony? ☐ YES ☐ NO

Have you pled nolo contendere (no contest) to a misdemeanor or felony? ☐ YES ☐ NO

If yes, give details including charge(s), city, county, and state where occurred and year

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS AUTHORIZATION FORM

I understand that as part of your procedure for processing my application, an investigation report about my background may be made which may include information obtained through personal interviews, regarding my character, general reputation, personal characteristics, or mode of living. I have the right to make a written request, within a reasonable period, for complete disclosure of additional information concerning the nature and scope of the investigation. I authorize investigation of all statements contained in this authorization form. All representation by me in this data sheet are the best of my knowledge and belief true and correct, and I have not knowingly omitted any related information of an adverse nature. Inaccurate information may make me ineligible for employment. I also understand that having a criminal conviction is not an automatic bar for employment. In the absence of a written contract of employment, employment with the agency is employment at the will of each party. The employment relationship may be terminated at any time at the discretion of the employee or agency.

Signature: _____ Date: _____