

# Quality Care Services, Inc.

Columbia, South Carolina

Private Duty

## APPLICATION FOR EMPLOYMENT

**AN EQUAL OPPORTUNITY EMPLOYER DISCRIMINATION BASED ON CITIZENSHIP IS PROHIBITED**

Source of Referral: \_\_\_\_\_ Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONAL INFORMATION

Name

*First*

*Middle or Maiden*

*Last*

*Prefix*

Home

Address \_\_\_\_\_

*City*

*State*

*Zip Code*

*County*

Mailing Address (If different from home address: \_\_\_\_\_

SSN: \_\_\_\_\_ Phone Number: Wk.: \_\_\_\_\_ Home: \_\_\_\_\_

Do you possess a valid South Carolina Driver's License Y \_\_\_ N \_\_\_ Number: \_\_\_\_\_

Are you a United States Citizen: Y \_\_\_ N \_\_\_ if no what is your Visa type? \_\_\_\_\_

**Applicants who are hired are required to provide verification of citizenship or legal status.**

Emergency contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

What type of employment are you pursuing? Permanent \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_

Have you any objections to Quality Care Services, Inc., contacting your present or past employer regarding your work ethics and qualifications. No \_\_\_\_\_ Yes \_\_\_\_\_ (explain) \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING (starting with the most recent)

**EDUCATION- High School, Trade School, College, City and State**

NAME OF SCHOOL	CITY	STATE	GRADUATE YES or No	DATES ATTENDED	DEGREE

List any career related organizations or societies that you belong to:

\_\_\_\_\_

\_\_\_\_\_

List any professional credentials (licenses, certificates, apprenticeships. Etc.

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE**

WORK EXPERIENCE: Begin with your present or last job and describe in detail all periods of employment including self-employment including Military Service and part-time employment. If more space is needed, you may attach a sheet to this application.

Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_

Employers Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_

Employers Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Name of Employer: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_

Employers Address: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

## REFERENCES

**Give the names and addresses of three people, not relatives or former employers who have known you over a year.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Phone# \_\_\_\_\_