



Quality Health Care, Inc.

Application for Employment

APPLICANT INFORMATION																			
Last Name			First			M.I.		Date											
Street Address					Apartment/Unit #														
City			State			ZIP													
Phone			E-mail Address																
Date Available To Start			Social Security No.				Desired Salary \$												
Position Applied for					Location														
Employment Preference (mark all that apply)		__Full Time		__Part Time		__Either		__PRN		__Days		__Evenings		__Weekends		__Nights		__Overtime	
Referral Source:		__Advertisement		__Employee		__Walk-In		__Friend/Relative		__Other									
Are you authorized to work in the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>														
Have you submitted an application to us before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, When?												
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, When?												
Have you ever been convicted of a crime (such conviction may be relevant if job related, but may not necessarily bar you from employment.)			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain?												
If hired, will you be able to and submit to pass all pre-employment tests?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain?												
Do you give permission to Quality Health Care to do a complete background check?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain?												
Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, which you are applying?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain?												
Do you have commitments to another employer, which might affect your employment with us?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain?												
EDUCATION																			
High School			Address																
////////	////////	////	////////	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree												
College			Address																
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree												
Other			Address																
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree												

PROFESSIONAL REFERENCES*Please list at least two persons who know you well—not relatives.*

Full Name	Relationship
Address	Phone ()
Occupation	Years Acquainted
Full Name	Relationship
Address	Phone ()
Occupation	Years Acquainted

PREVIOUS EMPLOYMENT

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
From To	Reason for Leaving
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain?	

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
From To	Reason for Leaving
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain?	

Company	Phone ()
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
From To	Reason for Leaving
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain?	

SPECIAL SKILLS AND QUALIFICATIONS

Please describe any actual experience, special training or qualifications that you feel are relevant to the position for which you are applying:

DISCLAIMER AND SIGNATURE

I verify that the information contained in this Application for Employment is true, and I authorize the Company to see references from my current and former employers, as indicated by my signature on the attached authorization. I agree to submit to a physical examination and drug screening as required by the Company. I further agree that, if hired, either the Company or I may terminate our relationship at will, with or without notice, and for any reason.

I understand that false or misleading information submitted on this application will either prevent employment or cause immediate termination of employment.

The Company is an equal opportunity employer. This application for employment will be current for only sixty days. A new application must be completed if the applicant wishes to be considered for employment after that time.

Signature	Date
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