



Application for Employment

Applicant Information

Full Name: _____ Date: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Driver's License No: _____

Are you able to perform the requirements of the job? YES NO

If no, are there reasonable accommodation that can be made for you to perform the essential functions of the job?

Please Explain _____

Do you have current CPR Certification? YES NO

Will you share your recent Chest X-Ray/TB Test Results? YES NO

Are you over 18 years of age and can provide your eligibility to work? YES NO

Have you ever worked for Merit Quality Care, LLC? YES NO

If yes, When

During the last 10 years, have you ever been convicted of a felony? YES NO

If Yes, Please Explain _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Other Information

	YES	NO
Are you able to perform the requirements of the job? <i>If no, are there reasonable accommodation that can be made for you to perform the essential functions of the job?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional information you would feel would be helpful to us in consideration of your application?		

Disclaimer and Signature

The relationship between you and Merit Quality Care, LLC., is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Merit Quality Care, LLC.. No representative of Merit Quality Care, LLC., has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand your employment is "at will," and you acknowledge that no oral or written statements or representations regarding your employment can alter your at will employment status, except for a written statement signed by you or either our CEO, or the CAO.

I certify that my answers in this employment application are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

If this application leads to employment, I understand that false or misleading information in my application or interview are grounds for termination of employment, and that I am required to abide by all rules and regulations of Merit Quality Care, LLC.

Signature: _____ Date: _____