



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied for: <input type="checkbox"/> Certified Nursing Assistant (CNA) <input type="checkbox"/> Caregiver <input type="checkbox"/> Other: _____					Date:	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other (please describe): _____						
Last Name		First Name			Middle Name	
Address			City		State	Zip Code
Cell Phone No. ()	Alternate Phone No. ()		Email Address:		Social Security No. - -	
What days are you available to work? <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday						
What schedule are you available to work? <input type="checkbox"/> 7:00 a.m. – 5:00 p.m. <input type="checkbox"/> 5:00 p.m. – 11:00 p.m. <input type="checkbox"/> 11:00 p.m. – 7:00 a.m.						
How many hours per week are you available to work? <input type="checkbox"/> Less than 20 <input type="checkbox"/> 21 - 30 <input type="checkbox"/> 31 - 40 <input type="checkbox"/> More than 40 <input type="checkbox"/> Live-in						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Proof of citizenship or immigration status will be required upon employment.</i>						
On what date would you be available for work? _____						
Have you been convicted of a crime within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Conviction may not necessarily disqualify an applicant for employment.</i> If yes, please explain:						

Education

	High School	Undergraduate College / University	Graduate / Professional
School Name / Location			
Years Completed			
Diploma / Degree			
Major Areas of Study			
Describe any specialized training, skills, and extra-curricular activities.			
Describe any honors and awards received.			
State any other information you believe will be helpful to us in considering your application.			
List any foreign languages you can speak, read and/or write (if job related).			
Do you have a current CPR Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a current First Aid Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List professional or civic activities and offices held. <i>Note: You may exclude memberships that indicate sex, race, religion, national origin, age, ancestry, handicap, or other protected status.</i>			
Are you able to perform the essential functions of the job with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References

List name, address, and telephone number of 3 references who are not related to you and are not past employers that you have known at least 5 years.

	Reference #1	Reference #2	Reference #3
Name			
Address			
Telephone Number			

Employment Experience (start with present or most previous)

Employer		
Address:	Dates Employed	
	From	To
Telephone Number(s)		
Job Title	Supervisor	
Duties Performed:		
Reason for Leaving:		

Employer		
Address:	Dates Employed	
	From	To
Telephone Number(s)		
Job Title	Supervisor	
Duties Performed:		
Reason for Leaving:		

Employer		
Address:	Dates Employed	
	From	To
Telephone Number(s)		
Job Title	Supervisor	
Duties Performed:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Special Skills and Qualifications: List unique job-related skills and qualifications acquired from employment or other experience:

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Applicant's Statement

By signing my name below, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize inquiry into all statements in this application for employment as may be necessary in reaching an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is "at-will," which means that the Employee may resign at any time and the Employer may terminate the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be altered by any written document or by any behavior, unless such change is specifically acknowledged in writing by the president of this company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant _____ Date _____

We at Quality of Life Home Care wish to thank you for your interest in joining our team and your time in providing the information requested.

FOR PERSONNEL DEPARTMENT USE ONLY		
Position(s) considered for:		
Position(s) applied for is available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Arrange interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Employment:
Job Title:	Department:	Hourly Rate:
By: _____ <i>Name and Title</i>		Date: _____

Notes: _____

SELF-IDENTIFICATION FORM

Please read carefully before completing

Quality of Life Home Care, LLC is an Equal Opportunity Employer and is required to submit an Employer Information Report (EEO-1) to the Equal Employment Opportunity Commission (EEOC). The EEO-1 provides a count of employees by job category and then veteran status, ethnicity, race and gender. The information on this form is requested only so that Quality of Life Home Care, LLC can meet its EEOC obligations and will not be used for any other purposes.

Your completion of this form is purely voluntary and will in no way affect your employment with Quality of Life Home Care, LLC. You can choose to complete this form at any time.

Name (please print)

Date

Please check the box that applies to you:

<input type="checkbox"/>	Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
<input type="checkbox"/>	White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific islands
<input type="checkbox"/>	Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/>	American Indian or Alaska Native (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
<input type="checkbox"/>	Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above five races

VETERANS

<input type="checkbox"/>	Vietnam Era Veteran means a veteran of the U.S. military, ground, naval, or air service, any part of whose service was during the period August 5, 1964 - May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty because of a service-connected disability. This category also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.
<input type="checkbox"/>	Special Disabled Veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service and (1) was discharged or released from active duty because of a service-connected disability or (2) who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more or at 10 or 20 percent if the veteran has been determined to have a serious employment handicap).
<input type="checkbox"/>	Recently Separated Veteran means any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one year period beginning on the date of such veteran's discharge or release from active duty
<input type="checkbox"/>	Other Protected Veteran means any other veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a disabled veteran, veteran of the Vietnam Era, or recently separated veteran. To see a current list of campaigns or expeditions covered by this definition, visit http://www.opm.gov/veterans/html/vgmedal2.asp .