

Quality Care Health Services, LLC

EMPLOYMENT APPLICATION

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This is an equal opportunity employer. Quality Care Health Services, LLC adhere to a policy of making employment decisions not based on race, color, religion, sex, sexual orientation, national origin, citizenship, or age.

PLEASE ANSWER EVERY QUESTION. PRINT CLEARLY IN INK.

NAME _____

LAST)

(FIRST)

(MIDDLE)

(MAIDEN)

LIST ALL PREVIOUS NAMES: _____

ADDRESS: _____

(NUMBER)

(APT)

(STREET)

(CITY)

(STATE)

(ZIP)

TELEPHONE: () _____ () _____ () _____

(HOME)

(CELL)

(OTHER)

BEST TIME TO REACH YOU: _____ SOCIAL SECURITY # _____ - _____ - _____

IN CASE OF EMERGENCY CONTACT: _____ TELEPHONE: _____

PREVIOUS ADDRESSES IF ADDRESS HAS CHANGED DURING THE LAST SEVEN YEARS : (Add additional sheets if necessary)

NUMBER STREET CITY STATE ZIP FROM(DATE) TO

NUMBER STREET CITY STATE ZIP FROM(DATE) TO

GENERAL INFORMATION

POSITION PREFERRED: _____ DESIRED SALARY: _____

LOCATION YOUR SEEKING EMPLOYMENT: REAGAN'S PLACE PCH RYLEE'S HOUSE PCH

DATE AVAILABLE TO START WORK: _____

EMPLOYMENT HOURS PREFERRED: FULL-TIME PART-TIME

HOURS AVAILABLE: DAYS NIGHTS WEEKENDS ANY SHIFT

HOW MANY HOURS CAN YOU WORK WEEKLY? 4-16 16-26 26-40

CAN YOU WORK HOLIDAYS? _____

HOW WERE YOU REFERRED? _____

EDUCATION

SCHOOL NAME	CITY/STATE	MAJOR COURSE OR SUBJECT	GRADE AVG	DATES ATTENDED FROM TO	DEGREE RECEIVED
HIGH SCHOOL Did you graduate? _____					
College Did you graduate? _____					
Business/Technical					

IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES SPECIAL SKILLS, PLEASE COMPLETE THE FOLLOWING:

KEYBOARD, WPM _____ DATA ENTRY, KEYSTROKES 10 KEY ADDING MACHINE SIGHT () TOUCH ()

COMPUTER SKILLS: _____
(EXPERIENCE WITH PC HARDWARE, SOFTWARE PACKAGES, ETC.)

OTHER SKILLS: _____
(EXAMPLES ARE DICTAPHONE, ACCOUNTING, CRT, OTHER LANGUAGES SPOKEN)

PLEASE DISCUSS ANY OTHER SKILLS AND ABILITIES OR EXPERIENCE YOU MAY HAVE WHICH THE OTHER SECTIONS OF THIS APPLICATION DO NOT GIVE YOU AN OPPORTUNITY TO LIST THAT YOU FEEL WOULD BE USEFUL IN A POSITION WITH QUALITY CARE HEALTH SERVICES, LLC.

WORK EXPERIENCE

STARTING WITH PRESENT OR MOST RECENT, LIST PREVIOUS EMPLOYERS, INCLUDE SELF-EMPLOYMENT, SUMMER AND PART-TIME JOBS.

COMPANY INFORMATION	POSITION INFORMATION	DATES EMPLOYED		REFERENCE INFORMATION
COMPANY NAME	TITLE	START DATE:	END DATE:	SUPERVISOR NAME: SUPERVISOR TELEPHONE:
ADDRESS	DUTIES			
CITY/STATE		SALARY:		MAY WE CONTACT FOR A REFERENCE YES NO
REASON FOR LEAVING				
COMPANY INFORMATION	POSITION INFORMATION	DATES EMPLOYED		REFERENCE INFORMATION
COMPANY NAME	TITLE	START DATE:	END DATE:	SUPERVISOR NAME: SUPERVISOR TELEPHONE:
ADDRESS	DUTIES			
CITY/STATE		SALARY:		MAY WE CONTACT FOR A REFERENCE YES NO
REASON FOR LEAVING				
COMPANY INFORMATION	POSITION INFORMATION	DATES EMPLOYED		REFERENCE INFORMATION
COMPANY NAME	TITLE	START DATE:	END DATE:	SUPERVISOR NAME: SUPERVISOR TELEPHONE:
ADDRESS	DUTIES			
CITY/STATE		SALARY:		MAY WE CONTACT FOR A REFERENCE YES NO
REASON FOR LEAVING				

PLEASE READ ALL SECTIONS BEFORE SIGNING.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

SECTION I

I understand that the submission of this application does not mean that I will be offered employment and in no way obligates Quality Care Health Services, LLC. In the event of my employment, I agree to comply with all the rules and policies of Quality Care Health Services, LLC. I understand that such rules and policies are not contractual and may be amended or modified as necessary. I understand that employment, if offered, is subject to my satisfying employment eligibility requirements of the Immigration and Control Act of 1986.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Quality Care Health Services, LLC is of an “at will” nature, which means that the employee may resign at any time and Quality Care Health Services, LLC may discharge an employee at any time with or without notice, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document unless such change is specifically acknowledged in writing by an authorized owner of the organization. Quality Care Health Services, LLC does not guarantee that any position will be continued for any length of time or that any job assignment or shift will be permanent.

I understand Quality Care Health Services, LLC will attempt to verify statements made on my application and made during my employment interview. When contacted by Quality Care Health Services, LLC, I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records.

I certify that all statements made by me on this application or any resume submitted are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that giving any false, incomplete or misleading statement or misrepresentation on this application or any resume may be considered cause for dismissal, if and whenever discovered.

SECTION II

HAVE YOU EVER BEEN CONVICTED, PAID A FINE OR IN ANYWAY ADMITTED GUILT FOR A CRIMINAL ACT, OTHER THAN A MINOR TRAFFIC VIOLATION OR MISDEMEANOR? YES / NO IF YES, PLEASE EXPLAIN _____

SECTION III

This confirms that Quality Care Health Services, LLC did not solicit me for employment. I inquired about employment through job postings or other employment information that is available to the general public or otherwise at my own initiative.

Finally, I understand and agree that I will not share or provide any trade secrets or confidential information relating to my current or former employer(s) to Quality Care Health Services, LLC and that such information will not be requested of me during the interview process or as part of my employment if I am offered a position at Quality Care Health Services, LLC.

SECTION IV

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE: _____ DATE: _____

Quality Care Health Services, LLC



REFERENCE CONSENT FORM

I understand and acknowledge that a reference check may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individuals contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with Quality Care Health Services, LLC. I release from liability the company I have made an application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right of claim of confidentiality concerning the disclosure of the information requested below or any and all claims, actions or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference; (2) Work history checks; (3) Professional and/or personal references; (4) Previous incidents of violent behavior and/or suspected dishonest acts; (5) Eligibility for rehire and circumstances of previous separations from employment; I request that any agency or employee reference contacted adhere to this investigation consent form to cooperate fully and completely in responding to the inquiries.

Print Name

Other Names Used

Signature

Date

Please List (3) references. (1) may be a personal reference – not a relative.

Name Phone Number(s)
1. _____

2. _____

3. _____

Quality Care Health Services, LLC BACKGROUND INVESTIGATION ACKNOWLEDGEMENT

In connection with your application and/or employment with Quality Care Health Services, LLC (“Requestor”) notice is hereby given that a consumer report may be obtained from a consumer reporting agency for employment purposes. Therefore, you may be the subject of a “consumer report” and/or “investigative consumer report” as defined by the Fair Credit Reporting Act. These types of reports may include information about your character, general reputation, personal characteristics, mode of living, and/or personal interviews with employers and associates. Reports may be obtained any time after the receipt of Authorization and if hired, throughout the course of employment, as permitted by law. You have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request the scope and nature of any investigative consumer report and a Summary of Your Rights Under the Fair Credit Reporting Act. The Scope of this notice is all-encompassing, however, allowing Requestor and its agents to obtain from any outside organization all types of consumer and/or investigative consumer reports now and throughout your employment if you are hired to an extent allowed by law. Therefore, you should carefully consider your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of above Notice Regarding Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and/or during the course of my employment to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state, or federal agency, institution, school or university, information bureau, or insurance company to furnish any and all background information (including: transcripts, grades, attendance records, employment history including: salary information, positions held, rehire eligibility and reason for separation, references, drug and alcohol testing results, accident history information, and information concerning workers compensation claims (after a conditional offer of employment has been made) and/or Quality Care Health Services, LLC itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as an original.

PERSONAL INFORMATION: (Please write clearly)

First Name: _____ **M.I.** _____ **Last Name:** _____

Other Names Used: (AKAS) _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Social Security Number:** _____

Driver’s License Number: _____ **State of Issuance:** _____