



APPLICATION FOR EMPLOYMENT

Please complete the following application **entirely**. All employment offers are contingent upon successfully passing a background check, as well as pursuant to a policy of providing equal opportunities regardless of race, religion, sex, or age. **All** questions must be answered in order for you application to be given full consideration.

EMPLOYMENT DESIRED (Please circle or check appropriate answers)

DRIVER _____	CAREGIVER _____	CNA _____
Drives van Operates wheelchair lift Escorts Client's into doctors office Checks in Client's at front desk Leaves business card with Client's Properly documents trips/mileage	Prepare meals Incontinent care Range of motion exercise Light housekeeping Run errands Transport Clients	Caregiver description plus: Change briefs Full transfers Assist feeding Bathing Ect....

Please circle your desired schedule	FULL TIME	PART TIME	RELIEVER
	MORNING	AFTERNOON	EVENING
	WEEKDAY	WEEKEND	LIVE-IN

PERSONAL INFORMATION: Please print

Name: (First)	(M.I)	(Last)
Street/P.O. Box:		Phone (Day)
City:	State:	Zip: Phone (Evening)
Social Security Number:	Are you at least 18 years of age?	

Have you ever been convicted of any felony or misdemeanor? YES NO
If YES, please explain: _____

Do you agree to a background check as a condition of employment? (Including employment, criminal, and driving history) YES NO

Would you consent to a medical examination by a physician? YES NO

Do you have any allergies, including cats, dogs, cigarette smoke, etc? YES NO

If YES, please list: _____

Are you able to perform the job-related functions of the position you are applying?

YES NO

If no, we will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions.

APPLICATION FOR EMPLOYMENT (cont.)

As part of our agreement with you we will be providing ongoing paid training. You may receive paid training **free** of charge to you but you must agree to provide us your services for a minimum of 12 weeks from the start of the training. If for any reason you fail to provide us your services for 12 weeks after the training, you may be subject to a fee of \$120.

Do you agree to the terms above? YES NO If yes, please initial _____

EDUCATION and TRAINING

Type of School	Name of School and Location	Major	Minor	Diploma, Certificate, or License # or type
High School				
College or University				
Graduate School				
Business/Trade/or Other Schools				
CPR and/or Alzheimer Certification/Knowledge				

EMPLOYMENT HISTORY

Please give the most complete and accurate information you can, including full time as well as part time employment history starting with the most recent to the last five years.

May we contact your present or any previous employers? YES NO

If NO, please explain:

Start Date	End Date	Beginning Pay Rate	Ending Pay Rate	Final Position / Title
		\$	\$	
Name of Employer:		Phone Number:		
Address:		City:		State:
Supervisor Name:		Reason for Leaving:		
Duties / Responsibilities:				

APPLICATION FOR EMPLOYMENT (cont.)

Start Date	End Date	Beginning Pay Rate	Ending Pay Rate	Final Position / Title
		\$	\$	
Name of Employer:			Phone Number:	
Address:		City:		State:
Supervisor Name:			Reason for Leaving:	
Duties / Responsibilities:				
Start Date	End Date	Beginning Pay Rate	Ending Pay Rate	Final Position / Title
		\$	\$	
Name of Employer:			Phone Number:	
Address:		City:		State:
Supervisor Name:			Reason for Leaving:	
Duties / Responsibilities:				

REFERENCES

Please list three personal references who have known you for more than 3 years:

Name: (First)	(M.I)	(Last)
Street/P.O. Box:		Phone (Day)
City:	State:	Zip: Phone (Evening)

Name: (First)	(M.I)	(Last)
Street/P.O. Box:		Phone (Day)
City:	State:	Zip: Phone (Evening)

Name: (First)	(M.I)	(Last)
Street/P.O. Box:		Phone (Day)
City:	State:	Zip: Phone (Evening)

APPLICATION FOR EMPLOYMENT (cont.)

IN CASE OF EMERGENCY

Please Notify:

Name: (First)	(M.I)	(Last)
Street/P.O. Box:		Phone (Day)
City:	State:	Zip:
		Phone (Evening)

I, _____ hereby certify that the information set
(PLEASE PRINT YOUR NAME)

forth herein is true and correct to the best of my knowledge. I understand that the discovery of any false statements, misrepresentations, or omissions of requested information on this application should be grounds for immediate dismissal. I authorize In-Home Care Quality Service, Inc. investigation of any factual statements supplied on the application and hereby release my present and past employer, as well as any named references, from any damages that may result from furnishing said information. I understand that if employed, employment will be "AT WILL" and acknowledge that employment may be terminated at any time either by my employer, or me, with or without cause, for any reason.

**I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND I UNDERSTAND AND
AGREE WITH ITS TERMS.**

Signature of applicant:	Date:
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