

Welcome Home Quality Care, LLC

APPLICATION FOR EMPLOYMENT

Date: _____

Last Name	First Name	Middle Name
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Present Address (number, street, city, state, zip code)		Home Phone
E-Mail Address		Alternate Phone
Social Security No.	Date Available	Desired Salary
Position Applied for		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? If yes, explain <input type="checkbox"/> Yes <input type="checkbox"/> No		

What Shift(s) are you available to work? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Rotating <input type="checkbox"/> Weekend <input type="checkbox"/> Non-Standard	Types of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time)
What days are you available to work? <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Weekends Only <input type="checkbox"/> Non-Standard <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Do you have transportation available? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION AND TRAINING

Check the box next to the highest grade or year completed in school:				Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12		
Name of School		Dates Attended		Course(s) of Study		Degree / Awards	
		From	To				

CERTIFICATIONS, LICENSES, AWARDS

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WORK EXPERIENCE		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)	Reason for Leaving	
Your Duties		
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)	Reason for Leaving	
Your Duties		
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)	Reason for Leaving	
Your Duties		
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIFIC SKILLS

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PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date

Applicants may be tested for illegal drugs.