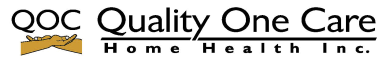
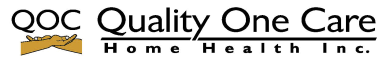
**** **EMPLOYMENT APPLICATION**

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| **PERSONAL INFORMATION** | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name: | Last Name: | | | Date:Click date. | | | Address: | | City: | State: | | Zip code: | | | | | | | |
| Social Security #:  Phone:  Email: | | Are you a United States Citizen or legally eligible to work in U. S.? Yes  No | | | | |
| Title / Position Applying For: Choose an item. Shift: Choose an item.  Other position, write here:  Work Preference: Choose an item. | | | | | Date Available to Work? enter a date.  Salary Desired: | |
| Have you been convicted of a felony? Yes No  If Yes, explain : | | | | | | |
| Have you ever applied to this agency before Yes No | | | | | | |
| Are you currently employed?  Yes  No If so, may we contact your present employer?  Yes  No | | | | | | |
| **EDUCATION** | | | | | | |
| **Name and Location** | | | **# Years attended** | **Date graduated** | | **Degree/Diploma** |
| High School |  | |  |  | |  |
| College |  | |  |  | |  |
| Certificate/License |  | |  |  | |  |

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| **EMPLOYMENT HISTORY** | |
| |  |  | | --- | --- | | **Name of the 1st Previous Employer:** | **Phone:** |   **Address:** | |
| |  |  | | --- | --- | | From: | To: |   Position/Job Title: | |
| Name of Supervisor :  Telephone: | **Job Duties performed at the previous job:**  Work with pediatric private duty nursing,  Adults,  G-tube care,  G-tube change,  G-tube feeding care,  GJ-tube care,  J-tube care,  Trach care,  Trach suction Trach change  Ventilator care, Cpap/Bipap care  Medication administrations,  Nebulizer medications,  Urinary catheterization,  colostomy /ileostomy care,  central line care,  TPN administration,  wound care.  Others: |
| |  |  | | --- | --- | | Start Pay: | End Pay: | |
| Reason for Leaving: |

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|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY** | |
| |  |  | | --- | --- | | **Name of the 2nd Previous Employer:** | **Phone:** |   **Address:** | |
| |  |  | | --- | --- | | From: | To: |   Position/Job Title: | |
| Name of Supervisor :  Telephone: | **Job Duties performed at the previous job:**  Work with pediatric private duty nursing,  Adults,  G-tube care,  G-tube change,  G-tube feeding care,  GJ-tube care,  J-tube care,  Trach care,  Trach suction Trach change  Ventilator care, Cpap/Bipap care  Medication administrations,  Nebulizer medications,  Urinary catheterization,  colostomy /ileostomy care,  central line care,  TPN administration,  wound care.  Others: |
| |  |  | | --- | --- | | Start Pay: | End Pay: | |
| Reason for Leaving: |

**PERSONAL REFERENCES**

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | Phone # |
| Name: | Relationship : | Phone # : |
| Name : | Relationship : | Phone # : |

**AUTHORIZATION**

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration of employment and, in the event I become employed, may result in the termination of my employment if discovered at a later date.

I authorize investigation and verification of all statements contained herein and the references and former employers

and employees to give you any and all information concerning my previous employment, including: education, employment verification, personal references and criminal records. I release Quality One Care from all liability for any damage that may result from receiving and/or using such information.

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| --- | --- |
| Applicant’s Signature: | Date : |