**** **EMPLOYMENT APPLICATION**

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|  **PERSONAL INFORMATION**  |
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| 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** |
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| **Name of the 1st Previous Employer:** | **Phone:** |

**Address:** |
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| 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:      |
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| Start Pay:      | End Pay:       |

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|  Reason for Leaving:       |

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| **EMPLOYMENT HISTORY** |
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| **Name of the 2nd Previous Employer:** | **Phone:** |

**Address:** |
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| 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:      |
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| Start Pay:      | End Pay:       |

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| Reason for Leaving:       |

**PERSONAL REFERENCES**

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| 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 :  |