A heart shaped logo with hands

Description automatically generated

**QUALITY HOME CARE SERVICES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Please return this application to our office at your earliest convenience either by fax or email.**  Fax completed application to 786-698-7600.  Email completed application to [qualityhealthcarestaffing101@gmail.com](mailto:qualityhealthcarestaffing101@gmail.com)    **Personal Information** | | | | | | | Date: | | | | | | | |
| Name: | | **Last:** | | | | | **First:** | | | **Middle:** | | | | |
| Present  Address: | **Street:** | | | City: | | | | State: | | | | **Zip:** | | |
| How long at this address?: | | | | | | | | | | | | | | |
| Home Phone: ( ) Cell Phone: ( ) - | | | | | | | | | | | | | | |
| Please list age (if under 18): | | | | | | | Please indicate the days and times you are available to work: | | | | | | | |
| Position applied for:  **Have you ever applied here before**: Yes\_\_\_\_\_No\_\_\_\_\_ | | | Anytime  Mon – From: To:  Tue – From: To:  Wed – From: To: | | | | | | Thr – From: To:  Fri – From: To:  Sat – From: To:  Sun – From: To: | | | | | |
| Salary range desired: | | | | | | | | | | | | | | |
| How many hours can you work weekly? | | | | | | | Are you available to work nights?  Yes  Some   None | | | | | | | |
| Are you available to work weekends?  Yes   Some  None | | | | | | | Would you consider live-in? Yes  No | | | | | | | |
| Employment desired: PART-TIME ONLY FULL- FULL-TIME ONLY | | | | | | | | | | | | | | |
| Are you legally authorized to work in the US:?   Yes  No | | | | | | | When are you available to start work?: | | | | | | | |
| Where did you hear about us? | | | | | | | Email address: | | | | | | | |
| **Education Information** | | | | | | | | | | | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | | | LOCATION (City, State) | | | | NUMBER OF YEARS COMPLETED | | | | MAJOR & DEGREE | | |
| High School | | | | | | | | | | | | | | |
| College | | | | | | | | | | | | | | |
| Bus. Or Trade School | | | | | | | | | | | | | | |
| Professional School | | | | | | | | | | | | | | |
| Have you ever been convicted of a crime? Yes No | | | | | | | | | | | | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment): | | | | | | | | | | | | | | |
| Have you ever worked under a different name? Yes No | | | | | | | | | | | | | | |
| If YES, what was it and what was the reason? | | | | | | | | | | | | | | |
| Do you have any relatives or friends that work for the Company?  Yes No  If YES, what is their name?  In Case of Emergency, Please Contact:  Name: Relation:  Home Phone: Cell Phone: | | | | | | | | | | | | | | |
| **DRIVING INFORMATION** | | | | | | | | | | | | | | |
| Do you have a driver’s license? Yes No  Do you have active auto insurance? Yes No | | | | | | | | | | | | | | |
| Do you have a car? Yes No  If NO, How would you get to work? | | | | | | | | | | | | | | |
| Driver’s License No.: State of Issue: Expiration Date: | | | | | | | | | | | | | | |
| Have you had any accidents during the past three years? No Yes | | | | | How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Personal Reference Information** | | | | | | | | | | | | | |
| List two personal references. | | | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Friend Co-worker Teacher Pastor  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Friend Co-worker Teacher Pastor  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary. | | | | | | | | | | | | | |
| Why do you enjoy caregiving? | | | | | | | | | | | | | |
| **Describe some of your volunteer work:** | | | | | | | | | | | | | |
| **Please check any Certification(s) you currently process:**  Certified Nursing Assistant Home Health Aide  CPR certification  Other: First Aid Certification | | | | | | | | | | | | |
| **Work Experience** | | | | | | | | | | | | |
| **Please list at least two of your work experiences in the past five years beginning with your most recent job held. If you were self-employed, give company name. Attach additional sheets if necessary.** | | | | | | | | | | | | |
| **1.Name and address of employer:** | | Name of last supervisor: | | | | Employment dates: | | | | | Pay or salary: | | | | |
| From:  To: | | | | | | Start:  Final: | | | | | | | | | |
| Phone number: | | | | | | Your Last Job Title: | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | | | | | | | | | | | | |
| May we contact your present employer? Yes No  If NO, Please Explain Why and Please Provide Us With Another Work Reference: | | | | | | | | | | | | | | | |
| **2.Name and address of employer:** | | Name of last supervisor: | | | | Employment dates: | | | | | Pay or salary: | | | | |
| From:  To: | | | | | | Start:  Final: | | | | | | | | | |
| Phone number: | | | | | | Your Last Job Title: | | | | | | | | | |
| Reason for leaving (be specific): | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | | | | | | | | | | | | |
| May we contact your present employer? Yes No  If NO, Please Explain Why and Please Provide Us With Another Work Reference: | | | | | | | | | | | | | | | |
| **Skill Information** | | | | | | | | | | | | | | | |
| How would you rate yourself on your experience with the following aspects of caregiving?  1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience | | | | | | | | | | | | | | | |
| Companionship  Meal Preparation  Run errands  Grocery shopping  Assist with Grooming  Assistance while walking | | 1234  1234  1234  1234  1234  1234 | | | | Laundry  Housekeeping | | | | | 1234  1234 | | | | |
| Comments | | | | | | | | | | | | | | | |