

**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 **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\_\_\_\_\_  | AnytimeMon – 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 NoIf 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 PastorCompany: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone where person can be reached (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friend Co-worker Teacher PastorCompany: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 PreparationRun errandsGrocery shoppingAssist 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  | LaundryHousekeeping | 1234 1234  |
| Comments  |