

NAME: _____ Nurse Aide Home Health Aide Other _____

AT HOME QUALITY CARE

PERSONAL

Name _____ Preferred Name _____ Social Security # _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Alternate Phone Number _____ Work Phone Number _____

Transportation _____ Do you have a valid Driver's License? Yes No

How did you learn about At Home Quality Care?

AIDE EDUCATION (When and where did you receive your aide training?)

SCHOOL NAME AND CITY	YEARS ATTENDED	GRADUATED	DEGREE AWARDED
Vocational/Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Education		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL REFERENCES (List the names of two Licensed Nurses; exclude relatives)

Name	Address	Telephone Number

WORK HISTORY

<p>1. Name _____ Phone _____</p> <p>Address _____</p> <p>Job Title _____ Salary _____</p> <p>Your work name if different _____</p> <p>Dates Worked: From _____ To _____ Hrs/Wk _____</p> <p>Supervisor _____ Shift _____</p> <p>Duties _____</p> <p>Reason for leaving _____</p>	<p>1. Name _____ Phone _____</p> <p>Address _____</p> <p>Job Title _____ Salary _____</p> <p>Your work name if different _____</p> <p>Dates Worked: From _____ To _____ Hrs/Wk _____</p> <p>Supervisor _____ Shift _____</p> <p>Duties _____</p> <p>Reason for leaving _____</p>
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Please explain any gaps in employment _____

First day available for work _____ Amount of work desired per week _____

AT HOME QUALITY CARE

Please read and sign below.

ACKNOWLEDGEMENT (Please read carefully and sign.)

I hereby authorize and request each former employer and person, firm or corporation given as reference to answer all questions that may be asked and give all information that may be sought concerning me or my work habits, character, or skills. I also understand that in connection with my application for employment with the Company, At Home Quality Care, Inc. may conduct a criminal background investigation and that my employment with the Company, may be contingent on the results of such investigation. I agree, in consideration of your employing me, that I will not seek or accept employment, either directly or indirectly in any capacity from any client of At Home Quality Care to whom I have been assigned, for at least 60 working days after the last day of that assignment. I further understand that I cannot be paid until I present a time slip signed by both the client and myself to the At Home Quality Care, Inc. office. I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with applicable laws.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature

Date

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, disability, sex, marital status, liability for service in the armed forces of the United States, citizenship, or any other characteristic protected by law.