

# QUALITY IN-HOME CARE SPECIALISTS

Employment Application



**\*FOR OFFICE USE ONLY\***

<b>HIRE DATE:</b>		<b>FIRST DAY OF WORK:</b>		<b>RATE OF PAY:</b>	
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**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
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Street Address	Apartment/Unit #
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City	State	ZIP
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Mailing Address (if different then above)	
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Cell Phone	Home Phone
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E-mail Address	
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Emergency Contact Name	Relationship	Emergency Contact Phone
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Date Available	Social Security No.
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Availability	Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Overnights <input type="checkbox"/>	Transportation <input type="checkbox"/>
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Day Hours Available	Night Hours Available
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Job Preference	Alta <input type="checkbox"/>	Hospice Care <input type="checkbox"/>	Transportation <input type="checkbox"/>	Homemaker <input type="checkbox"/>	Companion <input type="checkbox"/>	Personal Care <input type="checkbox"/>
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
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Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.
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Do you speak a second language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what language.
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Do you have a current and valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have an available car for jobs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Date of last TB test	Results	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
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Do you smoke?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any allergies that we should know about?
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Please check below the cities you are willing to travel to:

Amador City <input type="checkbox"/>	Angels Camp <input type="checkbox"/>	Buckhorn <input type="checkbox"/>	Cameron Park <input type="checkbox"/>	Camino <input type="checkbox"/>	Carmichael <input type="checkbox"/>
Citrus Heights <input type="checkbox"/>	Coloma <input type="checkbox"/>	Cool <input type="checkbox"/>	Diamond Springs <input type="checkbox"/>	El Dorado <input type="checkbox"/>	El Dorado Hills <input type="checkbox"/>
Elk Grove <input type="checkbox"/>	Fair Oaks <input type="checkbox"/>	Fiddletown <input type="checkbox"/>	Folsom <input type="checkbox"/>	Garden Valley <input type="checkbox"/>	Georgetown <input type="checkbox"/>
Greenwood <input type="checkbox"/>	Grizzly Flats <input type="checkbox"/>	Ione <input type="checkbox"/>	Jackson <input type="checkbox"/>	Kelsey <input type="checkbox"/>	Lotus <input type="checkbox"/>
Mokelumne Hill <input type="checkbox"/>	Mountain Ranch <input type="checkbox"/>	Mt Aukum <input type="checkbox"/>	North Highlands <input type="checkbox"/>	Orangevale <input type="checkbox"/>	Pilot Hill <input type="checkbox"/>
Pine Grove <input type="checkbox"/>	Pioneer <input type="checkbox"/>	Placerville <input type="checkbox"/>	Pollock Pines <input type="checkbox"/>	Plymouth <input type="checkbox"/>	Rancho Cordova <input type="checkbox"/>
Rescue <input type="checkbox"/>	Roseville <input type="checkbox"/>	Sacramento <input type="checkbox"/>	San Andreas <input type="checkbox"/>	Shingle Springs <input type="checkbox"/>	Somerset <input type="checkbox"/>
Sutter Creek <input type="checkbox"/>	Valley Springs <input type="checkbox"/>	Volcano <input type="checkbox"/>			

**EDUCATION**

High School			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES***Please list three professional references.*

Full Name				Relationship			
Company					Phone		
Address							
Years Known	From			To			
May we contact them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain.				
Full Name				Relationship			
Company					Phone		
Address							
Years Known	From			To			
May we contact them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain.				
Full Name				Relationship			
Company					Phone		
Address							
Years Known	From			To			
May we contact them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain.				

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address, city and state		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address, city and state		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address, city and state		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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