



QUAYLE HOME CARE, INC.

Employment Application

Date Application
Last Updated

Candidate ID #

Last Name, First Name

Applicant Information:

All sections must be completed even if resume is included. Additional paper may be attached if needed.

Name (Last, First Middle)

Address

City, State Zip

Country

Home Phone

Work Phone

Mobile Phone

Pager

E-mail address

Do you have authorization to work in the U.S.? ☐ yes ☐ No

Are you at least 18 years of age or older? ☐ Yes ☐ No

Date available to start work

Minimal acceptable salary

Are you a former or current employee of any QHC? ☐ Yes ☐ No

If yes, which facility?

Dates

Name(s) other than listed above

Do you have any relatives currently employed at any QHC? ☐ Yes ☒ No

If yes, list name(s) and facility(s)

Criminal History:

* Disclosure of previous convictions will not automatically disqualify you from consideration.

Have you, under this name or any other name, ever been convicted of a felony or a felony that was reduced to a misdemeanor for sentencing purposes including DUI/DWI? ☐ Yes ☒ No

If yes, state the offense, location, date and disposition

Source:

How did you hear about us?

Other (Specific Name/Event)

Education:

School	Name of School	Location	Course of Study	Did you graduate?
High School				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
College				Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Computer Skills:

List areas of experience

☐ No Knowledge ☐ Basic Knowledge ☒ Advanced Knowledge

Professional licenses, registration and/or certifications applicable to this job: (DO NOT include drivers license) If a field does not apply, please type 'n/a'.

Type	State	Date Issued	Date Expires	Number

Has your professional license ever been suspended or revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please explain:	

Work Experience: *The following information must be complete. List most recent employer first. Please complete all required fields. Do not type 'see resume'. If a field does not apply, please type 'n/a'.*

May we contact your present employer? ☐ Yes ☐ No ☒ Not Applicable

Company Name	Company Telephone Number
Address	Supervisor's Name
City, State, Zip	Supervisor's Telephone Number
Dates Employed from (month/year)	to (month/year)
Job Title	Salary
Name (if different than of application)	
Duties/Responsibilities	Reason for Leaving

Company Name	Company Telephone Number
Address	Supervisor's Name
City, State, Zip	Supervisor's Telephone Number
Dates Employed from (month/year)	to (month/year)
Job Title	Salary
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Company Name	Company Telephone Number
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Dates Employed from (month/year)	to (month/year)
Job Title	Salary
Name (if different than of application)	
Duties/Responsibilities	Reason for Leaving

Applicant's Disclosure

I ACCEPT the status and shift that is listed in the job posting of the position for which I am applying.

I UNDERSTAND AND AGREE that the information I provide on this application and resume is true and correct, that accepting this application is not a job offer, that as a condition of employment I will be requested to submit to a drug test and if I refuse, or if my drug test shows evidence of prohibited drug use, I will not be considered for employment and any existing conditional employment offers will be revoked. I authorize Quayle Home Care to perform a background check and to contact prior employers for reference checks, and I release any persons or companies from liability or damages for releasing information to Quayle Home Care. I understand that if employed, I am subject to dismissal if any of the information on this application or my resume is false or has been omitted.

I certify that I am not excluded from participation in any Medicare, Medicaid or other federal health care or procurement program. I understand that I must notify Quayle Home Care or its subsidiaries immediately if my exclusion status changes. I further certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal. I acknowledge that Quayle Home Care is a Smoke Free Environment and adheres to all applicable federal, state and local laws.

Applicant Signature Electronic signature	Date
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Thank you for applying with Quayle Home Care, an Equal Employment Opportunity/Affirmative Action Employer. Quayle Home Care is a drug-free workplace.