

APPLICATION FOR EMPLOYMENT

MAIL TO:
 Quality Home Health, Inc
 519 N. Franklin Street
 Suite 203
 Morris, IL 60450

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For				Date of Application	
How did you learn about us?					
_____ Advertisement		_____ Friend		_____ Walk-in	
_____ Employment agency		_____ Relative		_____ Other	
Last Name		First Name		Middle Name	Maiden Name
Address	Number	Street		City	State
					Zip Code
Telephone Number(s)				Social Security Number	

- Have you ever filed an application with us before? Yes _____ If yes-give date No
- Have you ever been employed with us before? Yes _____ If yes-give date No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 (Proof of citizenship or immigration status will be required upon employment)
- Are you currently laid off and subject to recall? Yes No
- If driving is required of this position, do you have reliable means of transportation? Yes No

On what date would you be available for work? _____

Are you available to work **Full time** **Part time** **Shift work** **Temporary**
 (Please circle)

- Have you ever been disciplined or fired? Yes No
- Or disciplined for Breach of Security? Yes No
- Have you ever been convicted of a crime, excluding minor traffic offenses? Yes No

If yes, please provide details: _____

Please list any reason known to you why you might be unable to perform consistently and promptly, any of the job duties required: _____

EDUCATION	NAME & ADDRESS	COURSE OF STUDY	DATES ATTENDED		DIPLOMA/DEGREE
			From	To	
Elementary					
High school					
Undergraduate					
Graduate					
Other(specify)					

EMPLOYMENT EXPERIENCE Start with your present or last job.

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	Liked/disliked @ job
Job title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	Liked/disliked @ job
Job title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	Liked/disliked @ job
Job title	Supervisor			
Reason for leaving				

If additional space is required, please use a separate sheet of paper.

List professional, trade, business or civic activities and office held.

DO NOT WRITE ON THIS PAGE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for:

Hours and Locations availability:

Comments:

Appearance:

References sent/called

Date

Response
