



QUALITY HOME CARE
 1210 East Hwy 66 Gallup, NM 87301
 Telephone 505-726-0200 or 1-800-726-1822
 Fax: 505-726-0202 or 1-877-726-0202

Quality Home Care

APPLICANT INFORMATION										Date	
Last Name				First Name				M.I.			
Mailing Address								Apartment #			
City				State		Zip Code					
Home Phone #				Cell Phone #							
Driver's License #				State		Exp. Date					
Emergency Contact				Relationship		Phone #					
Position Desired				Date Available				<input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time			
Preferred Client (if any)											
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, provide Visa # and Expiration Date			
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Do you have any friends or family presently employed with us?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, who?			
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If, so explain?			
Military Service				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, in what branch?			
PREVIOUS EMPLOYMENT - START WITH CURRENT OR MOST RECENT EMPLOYER											
1. Company				Supervisor							
Address				Phone #							
City				State		Zip Code					
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"/>	
2. Company				Supervisor							
Address				Phone #							
City				State		Zip Code					
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"/>	
3. Company				Supervisor							

Address				Phone #			
City		State		Zip Code			
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"/>	
SKILLS AND QUALIFICATIONS							
Training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.							
Do you have current certification in:							
First Aid?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, expiration date?	
CPR?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, expiration date?	
AZ Direct Care Worker Certificate? (AZ Applicants only)		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, you will be required to obtain certification to be employed as an AZ attendant within 90 days of hire.	
Have you signed a non-compete agreement with another home care company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
EDUCATION							
High School				City		State	
From		To		Did you graduate?		YES <input type="checkbox"/>	
						NO <input type="checkbox"/>	
College/Other				City		State	
From		To		Did you graduate?		YES <input type="checkbox"/>	
						NO <input type="checkbox"/>	
						Degree/Certificate	
REFERENCES - LIST 3 PEOPLE WHO ARE NOT RELATED TO YOU, IF NONE LIST 3 PERSONAL REFERENCES							
Name		Title		How Acquainted		Telephone	
APPLICANT STATEMENT							
<p>I certify that all information I have provided in order to apply for and secure work with Quality Home Care is true, complete and correct.</p> <p>I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.</p> <p>I understand that this employer is a Native American preference and equal opportunity employer and does not discriminate as to race, creed, color, national origin, sex, age, disability, marital status or sexual orientation.</p> <p>I understand that this application remains current for <u>6 months only</u>. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, I must reapply and fill out a new application.</p> <p>I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, is sufficient cause to eliminate me from further employment consideration, or may result in my immediate discharge from the employer's service, whenever discovered. DO NOT SIGN UNTIL YOU HAVE READ, UNDERSTAND AND AGREE TO THE APPLICANT STATEMENT.</p>							
Signature of Applicant						Date	

1/9/2020 KS

You may save and email the completed application to lenoraj@nrdci.com or you may print and fax to (505) 726-0202.

Please call (505) 726-0200 to confirm your application was received.