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

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		◯ Full-Time or ◯ Part -Time			
Preferred Client (if any)							
Are you a citizen of the United States?	YES ◯	NO ◯	If no, provide Visa # and Expiration Date				
Have you ever worked for this company?	YES ◯	NO ◯	If so, when?				
Do you have any friends or family presently employed with us?	YES ◯	NO ◯	If so, who?				
Have you ever been convicted of a felony?	Y ES ◯	NO ◯	If, so explain?				
Military Service	YES ◯	NO ◯	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 ☐	NO ☐		
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 ◯	NO ◯		
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 ◯	NO ◯	

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 ◯	NO ◯	If yes, expiration date?	
CPR?	YES ◯	NO ◯	If yes, expiration date?	
AZ Direct Care Worker Certificate? (AZ Applicants only)	YES ◯	NO ◯	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 ◯	NO ◯		

EDUCATION

High School						City			State	
From		To		Did you graduate?	YES ◯	NO ◯	GED	YES ◯	NO ◯	
College/Other						City			State	
From		To		Did you graduate?	YES ◯	NO ◯	Degree/Certificate			

REFERENCES – LIST 3 PEOPLE WHO ARE NOT RELATED TO YOU, IF NONE LIST 3 PERSONAL REFERENCES

Name	Title	How Acquainted	Telephone	Number of years known

APPLICANT STATEMENT

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.

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.

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.

I understand that this application remains current for 6 months only. 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.

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.**

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.**.

Email QHC Application (a new email window will open)

If emailed, please call **(505) 726-0200** to confirm your application was received before closing the application.