

High-Quality Care

Employment Application

Personal Information

First Name *

Last Name *

Middle Initial

Date of Birth *

Application Date

Address *

City *

State *

Zip Code *

Social Security # *

Phone *

Email *

Emergency Contact

Name *

Relationship

Phone *

☐ Are you a United States Citizen?

☐ If not a U.S. Citizen, are you legally eligible to work in the U.S.?

Title/Position Applying For *

Shift

Other Position (if not listed above)

Work Preference

Date Available to Work *

Salary Desired

☐ Have you been convicted of a felony?

If Yes, explain:

☐ Have you ever applied to this agency before?

☐ Are you currently employed?

☐ If so, may we contact your present employer?

Education

Name and Location	# Years attended	Date graduated	Degree/Diploma
High School:			
College:			
Certificate/License:			

Professional Credentials

License Type ***License Number *****License Expiration Date ***☐ CPR Certification☐ First Aid Certification**CPR Expiration Date****First Aid Expiration Date****Other Certifications/Specialties**

Medical Information

TB Test Status**TB Test Date****COVID-19 Vaccination Status****Last COVID-19 Vaccination Date**☐ I consent to a pre-employment drug test if required

Employment History

Previous Employer 1

Name of Previous Employer *

Phone

Address

From

To

Position/Job Title *

Name of Supervisor

Supervisor Phone

Job Duties performed at the previous job:

☐ Work with pediatric private duty nursing

☐ Adults

☐ G-tube care

☐ G-tube change

☐ G-tube feeding care

☐ GJ-tube care

☐ J-tube care

☐ Trach care

☐ Trach suction

☐ Trach change

☐ Ventilator care

☐ Cpap/Bipap care

☐ Medication administrations

☐ Nebulizer medications

☐ Urinary catheterization

☐ Colostomy/ileostomy care

☐ Central line care

☐ TPN administration

☐ Wound care

Others:

Start Pay

End Pay

Reason for Leaving

Previous Employer 2

Name of Previous Employer

Phone

Address

From

To

Position/Job Title

Name of Supervisor

Supervisor Phone

Job Duties performed at the previous job:

☐ Work with pediatric private duty nursing

☐ G-tube care

☐ Adults

Others:

Start Pay

End Pay

Reason for Leaving

Availability

Days Available to Work *

☐ Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐ Saturday☐ Sunday

Available Hours - From

Available Hours - To

Maximum Travel Distance (in miles)

Geographic Area Preference

Language Skills

☐ English☐ French☐ Spanish

Other Languages:

Personal References

Reference 1 *

Name**Relationship****Phone #**

Reference 2

Name**Relationship****Phone #**

Reference 3

Name**Relationship****Phone #**

Authorization

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration of employment and, in the event I become employed, may result in the termination of my employment if discovered at a later date.

I authorize investigation and verification of all statements contained herein and the references and former employers and employees to give you any and all information concerning my previous employment, including: education, employment verification, personal references and criminal records. I release High-Quality Care from all liability for any damage that may result from receiving and/or using such information.

☐ I agree to the above authorization *

Legal Documents

☐ I consent to a background check *

☐ I confirm that I can provide documents for I-9 employment eligibility verification *

☐ I understand I will need to complete a W-4 form for tax withholding

Signature

Date