

QUALITY HEALTH SERVICES, LLC

Application for Employment

****OFFICE USE ONLY**** Employee Hire Date: _____/_____/_____

Personal information

Name _____ Date _____

D.O.B _____ Social security # _____

Present address _____

Street _____ city _____ state _____ zip _____

Email address _____

Phone # (_____) _____ If you are under 18, can you furnish a work permit? Yes No

Employment desired full time part time Temp Seasonal

(Availability) Days of the Week _____ Desired Hours _____

Position _____ Date you can start _____ Salary _____

Are you employed now? _____ If so may we inquire of your present employer? Yes No

Ever applied for this company before? Yes No If so, when: _____

Are you able to meet the attendance requirements of this position? Yes No.

Have you ever been bonded? Yes No.

Have you ever been convicted of a felony in the past 7 yrs Yes No

Such conviction may be relevant if job related, but does not bar you from employment. If yes – explain

Driver's license number _____ State _____

Education		Name and location Of School	# of years Completed	Did you Graduate?	Subjects Studied
Academic	Currently Attending	_____	_____	_____	_____
	Last Completed	_____	_____	_____	_____
Trades of Business	Currently Attending	_____	_____	_____	_____
	Last Completed	_____	_____	_____	_____

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with this company. _____

**QUALITY HEALTH SERVICES, LLC
EMPLOYMENT APPLICATION**

Date Month and Year	Name / Address of employer	Phone Number	Job	Reason for Leaving
From				
To				
From				
To				
From				
To				

References: Give the names of three persons not related to you to whom you have known at least 1 year

Name	Address	Phone	Yrs acquainted

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and write	Read and speak	Speak only

**In case of
Emergency notify:**

Name	Relationship	Address	Phone Number

INITIAL Conditions of Employment – please read carefully

_____ Reporting to work with impaired abilities; or the possession, consumption or distribution of drugs or alcohol on company premises and/or worksites, shall be grounds for disciplinary action, including discharge. A condition of employment includes willingness on the part of the applicant or employee to agree to physical examination, polygraph and/or substance testing, if required by the company. We are committed to operating a drug free workplace. Violations of our drug and alcohol policy will result in dismissal.

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. Furthermore, I understand that

I am free to resign anytime, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

QUALITY HEALTH SERVICES, LLC

EMPLOYMENT APPLICATION

_____ I give the employer the right to investigate all police, driving, and personal records and references, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer, director or affiliate of any party), including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation, and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. The parties will select the mediator or arbitrator from the designated company.

Panel of mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1-et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ This application is effective for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant

Date

AGENCY MANAGEMENT NOTES :

Quality Health Services, LLC.

Date _____

✓ **EMPLOYEE REFERENCE CHECK**

Quality Health Services, LLC. has my authorization to check my references.

PRINT EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Company Contacted: _____

Mr. / Mrs.: _____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records ***and sign below***. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ To: _____

ELIGIBLE FOR REHIRE? YES NO

COMMENTS:

INFORMATION WAS RECEIVED BY: Phone Mail Fax

Name of company _____

*** (IF FAXED) Company Contact Signature** _____

Signature of Agency Representative & Title

Date

Quality Health Services, LLC.

Date _____

✓ **EMPLOYEE REFERENCE CHECK**

Quality Health Services, LLC. has my authorization to check my references.

PRINT EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Company Contacted: _____

Mr. / Mrs.: _____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records ***and sign below***. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ To: _____

ELIGIBLE FOR REHIRE? YES NO

COMMENTS:

INFORMATION WAS RECEIVED BY: Phone Mail Fax

Name of company _____

* (IF FAXED) Company Contact Signature _____

Signature of Agency Representative & Title

Date

Quality Health Services, LLC

****OFFICE USE ONLY**** Hire Date: ____/____/____

**VERIFICATION OF PROFESSIONAL
LICENSE/CERTIFICATE**

Employee Name: _____
Print Employee's Name

✓ Check off position needing verification below:

- RN LVN PT OT MSW HHA CNA

LICENSE NUMBER	EXPIRATION DATE OF LICENSE

DATE VERIFIED: _____

LICENSE/ CERTIFICATE VERIFIED BY:
_____ Online _____ Phone _____ Fax

Action Outstanding: YES NO

COMMENTS:

I HAVE READ THE LICENSE OF THE ABOVE INDIVIDUAL ACCORDING TO THE AGENCY POLICY. THE LICENSE IS CURRENT AND IN GOOD STANDING WITH THE STATE OF VIRGINIA.

Signature of Agency Representative

Date

Quality Health Services LLC
SWORN STATEMENT
OF AFFIRMATION/BACKGROUND CHECK CONSENT

To The Applicant: _____ D.O.B _____

Section s32.1-162.9:1 of the code of Virginia requires that any applicant for employment with a licensed home care organization provide the Commissioner’s representative with a sworn statement or affirmation disclosing (1) whether the applicant has a criminal conviction or is the subject of any pending criminal charges within or outside The Commonwealth of Virginia, and (2) whether the applicant has been the subject of a found complaint of child abuse or neglect within or outside the Commonwealth of Virginia.

Any person making a materially false statement on this form shall be guilty of a Class I misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to the Commissioner’s representative or a federal or state authority of court as many be required to comply with an express requirement of law for such further dissemination.

1. _____
 Last Name First Middle Maiden Social Security

Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a crime within or outside Virginia (but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law)?
 _____Yes _____No

If yes, list all and explain.

3. Are you the subject of any pending criminal charges within or outside Virginia? ___Yes ___No

If yes, explain.

4. Have you ever been the subject of a founded complaint of child abuse or neglect within or outside Virginia? _____Yes _____No

If yes, explain.

5. I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject verification.

Applicant’s Signature: _____ Date: _____

Quality Health Services, LLC.

**CRIMINAL HISTORY SEARCH
CONSENT FORM**

NAME: _____ DATE: _____

I, _____, have no pending charges within or outside the Commonwealth of Virginia and have had no prior convictions of an offense described in the **Health and Safety Code** which would bar or potentially bar employment as listed below.

CRIMINAL HOMICIDE

INDECENCY WITH A CHILD

SOLICITATION OF A CHILD

ARSON

AGGRAVATED ROBBERY

BURGLARY & CRIMINAL TRESPASS

WEAPONS

PUBLIC LEWDNESS

PUBLIC INDECENCY

KIDNAPPING & FALSE IMPRISONMENT

AGREEMENT TO ABDUCT FROM CUSTODY

SALE OR PURCHASE OF A CHILD

ROBBERY

ASSAULTIVE OFFENSES

THEFT

FRAUD

INDECENT EXPOSURE

A FELONY VIOLATION OF A STATUTE
INTENDED TO CONTROL THE POSSESSION
OR DISTRIBUTION OF A SUBSTANCE
(VIRGINIA CONTROLLED SUBSTANCE ACT)

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

SIGNATURE OF EMPLOYEE

SIGNATURE OF SUPERVISOR