

# Quality First Senior Care

Where your family is ours

**Please return by your preferred method:**

Fax: 817-549-8539 • email: [info@qualityfirstseniorcare.com](mailto:info@qualityfirstseniorcare.com) • mail: P.O. Box 151345, Arlington, TX 76015

## Application for Employment

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Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code County

Telephone # ( ) Cell Phone # ( )

D.O.B. / / S.S. #

Other names/alias used \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

E-Mail address \_\_\_\_\_ Referred to us by \_\_\_\_\_

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Position(s) applied for ☐ Caregiver ☐ Other: \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired ☐ Full-Time  
☐ Part-Time ☐ As Needed \_\_\_\_\_  
Please Specify Days and Hours

If currently employed, may we contact your employer? ☐ Yes ☐ No

Desired Rate of Pay \$ \_\_\_\_\_ per hour

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you available to work overtime if required? ☐ Yes ☐ No

Have you applied or been employed with our agency before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Do you have any friends or family employed with our agency? ☐ Yes ☐ No If yes, whom? \_\_\_\_\_

Have you been convicted of a crime in the last seven (7) years? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

If considered for hiring, will you agree to a criminal background check? ☐ Yes ☐ No

If considered for hiring, will you agree to provide proof of a valid driver's license? ☐ Yes ☐ No ☐ N.A.

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## EDUCATIONAL BACKGROUND

List previous two (2) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Valid in State of Texas?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have the following certifications: CPR ☐ No ☐ Yes Last Certified \_\_\_\_\_  
First Aid ☐ No ☐ Yes Last Certified \_\_\_\_\_

## EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	Per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

  

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

  

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

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## REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. No relatives please.

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			(    )
			(    )
			(    )

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*I certify that all the information I have provided is true, complete and correct.*

*The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.*

*I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.*

*I understand to be considered for employment, I will undergo a criminal background, provide proof of identity and legal authority to work in U.S, proof of certifications or educational qualifications, and a driver's license.*

*Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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