



QUEENSCARE

1300 North Vermont Avenue, Suite 502
 Los Angeles, California 90027
 Office: (323) 669-4322
 Fax: (323) 660-0359

EMPLOYMENT APPLICATION

POSITION DESIRED _____	CLINIC / DEPARTMENT _____	DATE OF APPLICATION _____
SALARY DESIRED _____		

FULL TIME
 PART TIME
 PER DIEM OR ON-CALL
 SHIFT: DAYS
 EVENINGS
 NIGHTS

HOW DID YOU LEARN ABOUT THIS JOB OPENING? _____	DATE AVAILABLE TO WORK _____
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LAST NAME	FIRST NAME	MIDDLE			
OTHER NAMES WORKED UNDER _____					
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
TELEPHONE NUMBER(S) _____			SOCIAL SECURITY NUMBER _____		

If under the age of 18, can you provide proof of your eligibility to work? YES NO

Have you worked at QueensCare before? YES NO
 If yes, when? From _____ To _____ Department _____

If hired, can you furnish proof that you are either a citizen of the United States or otherwise legally permitted to work in the United States? YES NO
 Type of Visa _____

Have you ever been convicted of a felony or misdemeanor? YES NO
 (Conviction is not an automatic bar to employment. Each case will be considered on its own merit.)
 If yes, explain _____

Did you receive training during Military service which is related to the position for which you are applying? YES NO
 If yes, describe duties _____
 Indicated branch of service and highest rank _____

Are there any functions of the position for which you are applying which you cannot perform with or without accommodations(s)? YES NO
 If yes, please describe the functions you cannot perform _____

WORK EXPERIENCE: List all work experience, whether or not you were paid for such work. Account for all periods of unemployment. Begin with most recent employer.

May we contact your present employer? YES NO or may we contact your last employer? YES NO

Employer		Dates Employed		Work Performed
		From	To	
Address, City, State, Zip				
Telephone Number(s)		Hourly Starting Rate	Rate/Salary Final	
Job Title	Supervisor (First & Last Name)		Phone or Extension	
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address, City, State, Zip				
Telephone Number(s)		Hourly Starting Rate	Rate/Salary Final	
Job Title	Supervisor (First & Last Name)		Phone or Extension	
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address, City, State, Zip				
Telephone Number(s)		Hourly Starting Rate	Rate/Salary Final	
Job Title	Supervisor (First & Last Name)		Phone or Extension	
Reason for Leaving				

EDUCATION				
SCHOOLS	NAME AND LOCATION	MAJOR	DEGREE OBTAINED	WHAT TYPE OF DEGREE?
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional or Technical Schools			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Special Training			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Educational requirements will be considered only as they are related to the requirements of the job sought.

APPLICANTS FOR PROFESSIONAL POSITIONS				
Professional licenses/certifications: Are you now licensed in your profession or occupation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, submit copy of license.				
Type	Number	State/Nat'l Issued	Date Issued	Expires On
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For Patient Care applicants, please list other specialty certifications you may have:

Name of Relatives Employed at this company:

Name _____ Relationship _____ Department _____

Name _____ Relationship _____ Department _____

CERTIFICATION

I hereby certify that the facts set forth above are correct and complete and I authorize the Company and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended, to provide the Company with any information that it requests in connection with this investigation. I hereby release all of these persons and institutions and the Company from any and all liability for any damages arising from the investigation. I understand that, if employed, false statements of this application or omissions of material information may result in my termination. If employed, I agree to abide by all Company rules and regulations as they now or may exist.

I understand that any offer of employment will contingent upon my successful completion of a pre-employment, post offer, medical examination, which will include drug testing. I further understand that, within the time frame specified by the Company, I must produce applicable documents showing that I am a United States Citizen or alien lawfully authorized to work in the United States.

I understand and agree that, if employed, either the Company or I will be free to terminate the employment relationship or take any other employment action at any time, without cause and without notice. I understand and agree that this writing shall constitute the entire agreement between the Company and me on the subject of the length of my employment, and the circumstances under which it may be terminated, and that there are no oral or collateral agreements pertaining to these issues. I also understand and agree that no representative of the Company, other than its President, has the authority to enter into any future agreement, either express or implied, restricting in any way the Company's right to terminate employment and, that to the extent the President enters into such a future agreement it may only be in writing.

In the event that I am dissatisfied or disagree with any action or failure to act by the Company, its employees, agents or representatives, I agree to submit the matters to the Company's employee grievance and arbitration procedure for final and binding resolution and will not initiate a lawsuit or administrative proceeding.

Signature _____ Date _____

NOTE: QueensCare IS AN EQUAL OPPORTUNITY EMPLOYER.