

# Quality Comfort Care Homes, LLC Employment Application

Name _____	Today's Date _____	Date of Birth _____ / _____ / _____	Telephone _____ (____) _____ - _____
Street Address _____	Apt.# _____	City _____	State TX _____ Zip _____
Driver's License # _____	Social Security # _____	C.N.A. License # _____	
_____ Are you legally eligible for employment in the U.S.? Yes No			
Email Address _____	Circle Preferences: <span style="border: 1px solid black; padding: 2px;">Full-Time or Part-Time</span> <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">Days or Nights</span> <span style="border: 1px solid black; padding: 2px; margin-left: 20px;">Mon. Tue. Wed. Thu. Fri. Sat. Sun.</span>		
Earliest Available Date: _____	Are you a smoker? Yes No		

**Employment History:** Start with most recent employer.

Position _____	Employer _____	Location _____	Start Date _____	Left Date _____
(____) _____ - _____	Supervisor's Name _____	\$ _____	Pay _____	Reason for Leaving _____
Telephone _____				

Position _____	Employer _____	Location _____	Start Date _____	Left Date _____
(____) _____ - _____	Supervisor's Name _____	\$ _____	Pay _____	Reason for Leaving _____
Telephone _____				

Position _____	Employer _____	Location _____	Start Date _____	Left Date _____
(____) _____ - _____	Supervisor's Name _____	\$ _____	Pay _____	Reason for Leaving _____
Telephone _____				

**Educational Background**

High School _____	Location _____	Yes No Did you graduate?	Year Graduated _____
College or Program _____	Location _____	Course of Study/Degree _____	Year graduated _____

**Applicant Statement:** I certify that all information I have provided in order to apply for work with Quality Comfort Care Homes, LLC is true, complete and correct. I expressly authorize, without reservation, QCCH to contact and obtain information from all references, employers, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have regarding QCCH for seeking, gathering and using such information in the employment process and all other persons or corporations for furnishing such information about me. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from service whenever it is discovered. I certify that I have read, fully understand and accept all terms of the Applicant Statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_