



**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 _____		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PER DIEM OR ON-CALL            SHIFT: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS		
HOW DID YOU LEARN ABOUT THIS JOB OPENING? _____		DATE AVAILABLE TO WORK _____

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked at QueensCare before?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of Visa _____		
Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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)?	<input type="checkbox"/> YES	<input type="checkbox"/> 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
Type	Number	State/Nat'l Issued	Date Issued	Expires On

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.**