



HAPPY QUEST HOME CARE

a quality personal care

APPLICATION FOR EMPLOYMENT

Date of Application: _____

_____ is an Equal Opportunity Employer. Hiring decisions will be made without regard to race, color, creed, religion, national origin, age, gender, presence of any sensory, mental or physical disability, marital status, disabled status or veteran status, sexual orientation or any other reason prohibited by Federal, Washington, or local law; unless such decision/ action is based upon bona fide occupational qualification.

Position(s) applying for: _____

Willing to accept: Fulltime Part Time Intermittent Temporary

Shift(s) available to work: Day Evening Night Weekends

Date you can start: _____ Salary desired: _____/hr

PERSONAL INFORMATION

Last Name	First	Middle	Phone
Street Address			Cell Phone
City/ State/ Zip			Email Address
Other Name(s) (i.e. married, maiden, alias)			Are you 18Yrs or Older? Yes No
Are you either a U.S Citizen or Alien Authorized to work in the United States? Yes No			Were you in the US armed Forces? Yes No (if so, dates: _____)

Do you have a Washington State Drivers Licensed?

Do you have car insurance?

EDUCATION	Name and Location of School	No. Of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Business/Trade/Technical				
Other Education/Certificates/Special Skills:				

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			
IN CASE OF EMEGENCY NOTIFY	Name:	Address:	Phone No:

Employment History- begin with most recent employer

Employer:		Direct Supervisor:	
Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date :	Beginning Pay:	Ending Pay:
Reason for leaving			

Employer:		Direct Supervisor:	
Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date :	Beginning Pay:	Ending Pay:
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Job Title:		Telephone:	
Duties:		Address:	
Start Date:	End Date :	Beginning Pay:	Ending Pay:
Reason for leaving			

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that, if hired, that the company offers no employment contract, or guarantee of shift, hours, benefits or wages. I understand that my employment will be of an indefinite time, and either the company or I may terminate employment with or without cause. I understand that any representation otherwise are null and void. This policy may be altered or amended only by and with written consent of the

_____.

REQUIREMENTS FOR EMPLOYMENT:

Successful background inquiry and fingerprint check cleared by the authorized state agencies. Until clearance is received, employee is conditionally employed.

Be eighteen years of age or older and have attained a high school diploma or GED equivalent.

Demonstrate the ability to be an appropriate role model and exhibit mature behavior and ability to make independent judgments.

Date:

Signature of applicant:
