



**316 East 23rd Street, Apt B10
Chester, PA 19013**

APPLICATION FOR EMPLOYMENT

This application will be active for 30 days

Date of Application

Position Applying for: _____ **Available Start Date:** _____

PERSONAL INFORMATION

This field is required. The form must be completed in order for your application not to be rejected.

Last Name	First Name	Middle
Street Address		Apartment/unit#
City	State	Zip
Phone		SS#
Email	Have you live in Pennsylvania for the pass 2 years?	
Are you legally allow to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you provide documentation to verify your identity and legal authorization to work in the United States?		
Have you work for this company?		
Have you been convicted of a felony?	If yes, when?	

EDUCATION

School	Name and Location of School	Major Course of Study	Last Year Completed	Did you Graduate?	Degree Type
High School			9, 10, 11, 12	Yes <input type="checkbox"/> NO <input type="checkbox"/>	
College				Yes <input type="checkbox"/> NO <input type="checkbox"/>	

Other (specify)				Yes <input type="checkbox"/> NO <input type="checkbox"/>	
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EMPLOYMENT HISTORY----- *List last or most current job first. Please attached a copy of resume.*

Date Month and Year	Name and address of employer	Salary	Position and Duties	Reason for Leaving

REFERENCES.....No relatives *This field is required. The form must be completed in order for your application not to be rejected.*

Name	Address	City/State	Phone
1			
2			

May we contact your current and previous employer? _____

STATEMENT

I attest that the information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any false statement, misrepresentation or omission will be sufficient cause for rejection or dismissal in the event I am employed by the QualiT HealthCare LLC. I also understand and agree that if hire, I will adhere to the rules and regulations of QualiT HealthCare, LLC and agree that my employment is for no definite period and I have the right to terminate my employment at any time, for any reason, or no reason, and the company reserves the same right regarding the discontinuation of my employment. QualiT HealthCare LLC, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize everyone, including businesses and law informant agencies to release any information relating my background. I understand that any offer of employment is contingent on my successful completion of my background and records.

Signature _____ Date _____