

# Quality Living Home Health Care, Inc.

164 East 4<sup>th</sup> Street, Suite #4, Winona, MN 55987  
 Ph. (507) 454-6800 Fax (507) 454-6803

## Application for Employment

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for this company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If so, when?
Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
College		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>MILITARY SERVICE</b>	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date