



200 NARROWS PARKWAY, SUITE A, BIRMINGHAM, AL 35242  
(205) 437-1512 PHONE / (205) 588-6430 FAX

# EMPLOYMENT APPLICATION

Please Print All Information legibly

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Position Applying For \_\_\_\_\_ Site/Location Applying For: \_\_\_\_\_

Date you can begin work: \_\_\_\_\_ Requested Hourly Rate \$ \_\_\_\_\_

Work Availability: (check all that apply)  Full Time  Part Time  PRN  Day Shift  Evening Shift  Night Shift  Weekends

Have you ever been employed by us before?  Yes  No Date: \_\_\_\_\_

Are you currently employed?  Yes  No May we Contact your present employer?  Yes  No

Are you 18 Years or Older?  Yes  No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? (Proof of citizenship or immigration status is required upon employment)  Yes  No

Can you travel if a job requires it?  Yes  No Do you have a valid Driver's License?  Yes  No

Have you ever been convicted of a crime? (Felony or misdemeanor)  Yes  No

If Yes, Please Explain: \_\_\_\_\_

Have you ever had a professional license revoked, reviewed, suspended or limited in any way?

Yes  No If yes, please explain: \_\_\_\_\_

## EDUCATION

School Name, City & State	Degree	Dates	Date Graduated/Licensed
High School:		N/A	
College:		From: To:	
Nursing School:		From: To:	

## EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name & Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe in detail the work you performed: \_\_\_\_\_

Name, Title and Phone Number of Supervisor: \_\_\_\_\_

Name & Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe in detail the work you performed: \_\_\_\_\_

Name, Title and Phone Number of Supervisor: \_\_\_\_\_

Name & Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe in detail the work you performed: \_\_\_\_\_

Name, Title and Phone Number of Supervisor: \_\_\_\_\_

Name & Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe in detail the work you performed: \_\_\_\_\_

Name, Title and Phone Number of Supervisor: \_\_\_\_\_

Name & Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Position held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe in detail the work you performed: \_\_\_\_\_

Name, Title and Phone Number of Supervisor: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

**Work related only and please do not list relatives**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Nursing:** Please list all states in which you currently hold an active nursing license.

State: \_\_\_\_\_ License # \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License # \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License # \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License # \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a current CPR card?  Yes  No Expiration Date: \_\_\_\_\_

Please tell us about any other training, education, skills or achievements that you may have acquired.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

**(Please read carefully before signing.)**

*"I understand that an investigation involving information concerning my character, employment history, general reputation, police record, and personal habits, may be obtained prior to any final offer of employment. Results will be discussed with other employees of the company, who are involved in the hiring process."*

*"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application, regardless of when the misstatements or omissions are found. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination, drug screen and contingent on security clearance at the designated facility."*

*"I authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."*

*"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."*

*"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that QCHC, Inc. retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."*

*"During my employment with QCHC, Inc. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving QCHC, Inc. in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying QCHC, Inc. or unless a representative or attorney of QCHC, Inc. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."*

*By signing this Release it enables us to confirm information and contact prior employers.*

***This application is valid for sixty days from the application date unless renewed in person or in writing.***

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_