



Para/Quad Services Inc.

Employment Application

Date: , 2

Name, Address, Contact Information

| | | | | | |
|-----------------------|-----------------------|-----------------------|--------------------|--------------------|------------|
| <i>Last Name</i> | | <i>First Name</i> | | <i>Middle Name</i> | |
| - - | - - | - - | - - | - - | |
| <i>Soc. Sec. No.</i> | <i>Home Phone No.</i> | <i>Cell Phone No.</i> | <i>Other Phone</i> | <i>Ext.</i> | |
| @ . | | | @ . | | |
| <i>Email 1</i> | | | <i>Email 2</i> | | |
| <i>Street Address</i> | | <i>Apt</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |

Job Information

Position (Job Class) Applying For

- RN
 LPN
 CNA
 PCA
 SITTER
 OTHER (Describe):

Work Experience/Skills

(List the number of years experience [minimum 1-year] and are clinically or practically competent, respectively)

| | | | | | |
|---------------------|--------|----------------------|--------|--------------------------|--------|
| Previous Home Care: | -years | Range of Motion: | -years | Cushion pressure check: | -years |
| Bowel Program: | -years | SCI: | -years | Cushion pressure adjust: | -years |
| Drive Van: | -years | S/P Cath Change: | -years | Chair Lift/Van: | -years |
| G-Tube Feeds: | -years | TBI: | -years | Scooter Lift: car trunk: | -years |
| Geriatric: | -years | Trach Suction: | -years | Household tasks: | -years |
| Glucometer: | -years | Ventilator: | -years | Meal Prep (cooking): | -years |
| Hospice: | -years | Wound Care: | -years | | -years |
| Hoyer Lift: | -years | Scooter Charging: | -years | | -years |
| InExsufflator: | -years | Manual Chair: | -years | | -years |
| Intermittent Cath: | -years | Powerchair Charging: | -years | | -years |

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) and 45 C.F.R Part 91, the agency adheres to an equal opportunity policy for all persons seeking admission a clients, or seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin, or disability.

PQSI – C:\Documents and Settings\dhardiman\Desktop\PQSI Application.doc

Other Specialty:

| Type of Employment Desired: | Type of Shifts Desired: |
|-----------------------------------|---|
| <input type="checkbox"/> Per Diem | <input type="checkbox"/> 8 Hour Shifts |
| <input type="checkbox"/> Contract | <input type="checkbox"/> 10 Hour Shifts |
| <input type="checkbox"/> Direct | <input type="checkbox"/> 12 Hour Shifts |

| Shift Preference | | |
|------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Weekend |

| License(s)/Certification(s) | | |
|-----------------------------|--------------------------------|-----|
| <i>License Type:</i> | ACLS Exp. Date: | - - |
| <i>License Number:</i> | BCLS Exp. Date: | - - |
| <i>State:</i> | PALS Exp. Date: | - - |
| <i>Expiration Date:</i> - - | NALS Exp. Date: | - - |
| | NRP Exp. Date: | - - |
| <i>License Type:</i> | Other: ; Exp Date: | - - |
| <i>License Number:</i> | | |
| <i>State:</i> | <i>Drivers License State:</i> | |
| <i>Expiration Date:</i> - - | <i>Drivers License Number:</i> | |
| | <i>Drivers License Exp.:</i> | - - |
| <i>License Type:</i> | | |
| <i>License Number:</i> | | |
| <i>State:</i> | | |
| <i>Expiration Date:</i> - - | | |

Employment Qualification

| | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Are you legally authorized to work in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | If no, are you legally employable in the U.S.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have you ever been bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Have you ever applied with Essential Staffing or Para/Quad Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Have you been convicted of any misdemeanor or felony within the last 7 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | a. If Yes, Please Explain: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | HAVE YOU HAD ANY PROFESSIONAL LICENSE SUSPENDED, REVOKED OR UNDER INVESTIGATION? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | a. IF YES, PLEASE EXPLAIN: | | |
| 7. | Do you have any allergies? PLEASE LIST ANY ALLERGIES YOU MAY HAVE: ; ; ; ; ; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Work History/Experience

List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

1.

| | | | |
|---|-------------------------|---------------------------------------|---|
| From: - - | To: - - | | |
| <i>Dates Employed</i> | | | |
| <i>Facility Name/Employer</i> | | | |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <i>Your Title</i> | <i>Unit</i> | <i>Number of Beds</i> | |
| <i>Supervisor's Name</i> | <i>Telephone Number</i> | <i>State</i> | <i>Zip</i> |
| HRLY\$. | YRLY\$.00 | <input type="checkbox"/> No, Employee | <input type="checkbox"/> Yes, Travel Assignment |
| <i>Pay Rate/Salary</i> | | <i>Was this a travel assignment?</i> | |
| <input type="checkbox"/> Yes: PQ/ESPS may contact this Supervisor/HR. | | <input type="checkbox"/> No | |
| <i>May We Contact via Supervisor/HR?</i> | | | |

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2.

| | | | |
|---|-------------------------|---------------------------------------|---|
| From: - - | | To: - - | |
| <i>Dates Employed</i> | | | |
| <i>Facility Name/Employer</i> | | | |
| | | - | |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <i>Your Title</i> | | <i>Unit</i> | <i>Number of Beds</i> |
| | | - - ext. | - |
| <i>Supervisor's Name</i> | <i>Telephone Number</i> | <i>State</i> | <i>Zip</i> |
| HRLY\$. | YRLY\$.00 | <input type="checkbox"/> No, Employee | <input type="checkbox"/> Yes, Travel Assignment |
| <i>Pay Rate/Salary</i> | | <i>Was this a travel assignment?</i> | |
| <input type="checkbox"/> Yes: PQ/ESPS may contact this Supervisor/HR. | | <input type="checkbox"/> No | |
| <i>May We Contact via Supervisor/HR?</i> | | | |

3.

| | | | |
|--|-------------------------|---------------------------------------|---|
| From: - - | | To: - - | |
| <i>Dates Employed</i> | | | |
| <i>Facility Name/Employer</i> | | | |
| | | - | |
| <i>Street Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <i>Your Title</i> | | <i>Unit</i> | <i>Number of Beds</i> |
| | | - - ext. | - |
| <i>Supervisor's Name</i> | <i>Telephone Number</i> | <i>State</i> | <i>Zip</i> |
| HRLY\$. | YRLY\$.00 | <input type="checkbox"/> No, Employee | <input type="checkbox"/> Yes, Travel Assignment |
| <i>Pay Rate/Salary</i> | | <i>Was this a travel assignment?</i> | |
| <input type="checkbox"/> Yes: PQ/ESPS may contact this Supervisor/HR Dept. | | <input type="checkbox"/> No | |
| <i>May We Contact via Supervisor/HR Dept?</i> | | | |

4.

| | | | |
|---|------------|---------------------------------------|---|
| From: - - | | To: - - | |
| <i>Dates Employed</i> | | | |
| <i>Facility Name/Employer</i> | | | |
| Street Address | | City | State |
| | | | Zip |
| Your Title | Unit | Number of Beds | |
| Supervisor's Name | | Telephone Number | State |
| | | | Zip |
| HRLY\$. | YRLY\$.00 | <input type="checkbox"/> No, Employee | <input type="checkbox"/> Yes, Travel Assignment |
| <i>Pay Rate/Salary</i> | | <i>Was this a travel assignment?</i> | |
| <input type="checkbox"/> Yes: PQ/ESPS may contact this Supervisor/HR. | | <input type="checkbox"/> No | |
| <i>May We Contact via Supervisor/HR?</i> | | | |

Educational Information

| | | |
|--|-------------|--|
| What is the highest clinical degree/certification received? | | |
| | | |
| <i>School Name</i> | <i>City</i> | <i>State</i> |
| Degree Type: | | |
| Year Graduated from School: | | |
| Area of Concentration: | | |
| Year Graduated from School: | | |
| Do you carry professional liability insurance? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, any pending claims? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: | | |
| | | |
| What professional, trade, business or civic associations do you belong to? | | |
| | | |
| Special accomplishments, publications, or awards? | | |
| | | |

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| | | | |
|---|----|----|----|
| | | | |
| Clinical Experience: (Number of Years) | | | |
| Locations: | 1. | 2. | 3. |
| Assignment Preferences (Where do you prefer to go?) | | | |
| When are you available to start? | | | |

First Emergency Contact Information

| | | | | |
|-----------------------|------------|-------------------|-------------------|------------|
| | | - - , ext | - - | |
| <i>Name</i> | | <i>Work Phone</i> | <i>Home Phone</i> | |
| @ . | | @ . | | |
| <i>Email 1</i> | | <i>Email 2</i> | | |
| | | | | - |
| <i>Street Address</i> | <i>Apt</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |

Second Emergency Contact Information

| | | | | |
|-----------------------|------------|-------------------|-------------------|------------|
| | | - - , ext | - - | |
| <i>Name</i> | | <i>Work Phone</i> | <i>Home Phone</i> | |
| @ . | | @ . | | |
| <i>Email 1</i> | | <i>Email 2</i> | | |
| | | | | - |
| <i>Street Address</i> | <i>Apt</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |

Para/Quad Services Inc.

Applicant Acknowledgement:

I certify that the information in this application is accurate, current and complete. I understand that mis-statements or omissions may result in disqualification from further consideration or termination of employment.

I authorize Para/Quad Services, Inc., to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Para/Quad Services, Inc., to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Para/Quad Services, Inc., to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Para/Quad Services, Inc.,

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.) and 45 C.F.R Part 91, the agency adheres to an equal opportunity policy for all persons seeking admission a clients, or seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, martial status, gender preference, sex, national origin, or disability.

and any individual or entity providing information to Para/Quad Services, Inc., from all liability for any damages from the disclosure of this information.

I also understand and agree that:

(place initials in boxes below)

Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, may not be hired, employment may be terminated.

Subject to applicable state laws, the Company reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. Para/Quad Services, Inc., has the right to change this policy at any time as it requires.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between Para/Quad Services Inc., and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable “at will”, that will have the right to terminate my employment at any time, and that Para/Quad Services, Inc., will retain a similar right to terminate my employment at any time.

I understand that should I become employed by Para/Quad Services, Inc., my work assignments, schedules and/or work locations are subject to change according to the needs of business and the clients of Para/Quad Services, Inc.

| | |
|-------------------------------------|--------------------|
| <hr/> | <hr/> |
| <i>Applicant's Signature</i> | <i>Date</i> |