



Para/Quad Services, Inc.  
www.paraquad.net

# Para/Quad Services Inc.

**Employment Application**

Date: \_\_\_\_\_, 20\_\_

## 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**

<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> CNA	<input type="checkbox"/> PCA	<input type="checkbox"/> SITTER
<input type="checkbox"/> 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.

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)		
License Type:	ACLS Exp. Date:	- -
License Number:	BCLS Exp. Date:	- -
State:	PALS Exp. Date:	- -
Expiration Date: - -	NALS Exp. Date:	- -
	NRP Exp. Date:	- -
License Type:	Other: ; Exp Date:	- -
License Number:		
State:	Drivers License State:	
Expiration Date: - -	Drivers License Number:	
	Drivers License Exp.:	- -
License Type:		
License Number:		
State:		
Expiration Date: - -		

## 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>			

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.

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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>
<i>HRLY\$</i> .	<i>YRLY\$</i> .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>
<i>HRLY\$</i> .	<i>YRLY\$</i> .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>			

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**4.**

From: - -		To: - -	
<i>Dates Employed</i>			
<i>Facility Name/Employer</i>			
Street Address		City	State
			Zip
Your Title	Unit	Number of Beds	
		- - ext.	-
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?		

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Special accomplishments, publications, or awards?			
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, marital 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, you may not be hired or employment may be terminated at the company's sole discretion.

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.

**I understand** that if offered employment, being hired is contingent on me accepting and signing a job description, offer letter with covenants, and other required documents.

<hr/>	<hr/> _____, 20____
<b><i>Applicant's Signature</i></b>	<b><i>Date</i></b>

**APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING**

**APPLICANT INFORMATION (Please Print)**

**Account Number: 101-102318**

Applicant Name(s) (First Middle Last)	Current Address (Street address)
Other Name(s) Used (Like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address (1)
Social Security No.*	City: _____ State: _____ Zip: _____
Driver's License No. _____ State: _____	Former Address (2)
Date of Birth: _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

\* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

**DISCLOSURE AND AUTHORIZATION**

**NOTICE REGARDING BACKGROUND INVESTIGATION**

Employer (The Company) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMar, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by (the consumer reporting agency), another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**APPLICANT:**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Print Name: \_\_\_\_\_