QUALITY LIFE SERVICES
COMMITTED TO EXCELLENCE

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

GENERAL INFORMATION Date _____

Position(s) Applied For (1)_____

Name _____
Last First Middle

Address
_____
Number Street City State Zip

Home Phone (____) _____ E-mail address: _____

Cell Phone (____) _____ Social Security # _____

If under 18, can you provide a work permit? ☐ Yes ☐ No

Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date_____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date_____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

If hired, are you legally eligible for employment in the United States? ☐ Yes ☐ No
(Proof of legal work status will be required upon employment)

Employment desired: ☐ Full-Time ☐ Part-Time ☐ Per Diem ☐ Temporary

When are you available to start?_____

Shifts available to work ☐ Days ☐ Evenings ☐ Nights ☐ Weekends Hours:_____

Can you travel locally if a job requires it? ☐ Yes ☐ No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				

Professional School				
Special Honors				

Developmental Disability (DD) and Other Job-Related Skills
Check off if you have experience working with Individuals in the following areas

☐ Mild DD ☐ Moderate DD ☐ Severe DD ☐ Self-Injurious Behaviors

☐ Anxiety Disorder ☐ Down's Syndrome ☐ Seizure Disorder ☐ Aggressive Behaviors (Verbal or Physical)

☐ Cerebral Palsy ☐ Autism ☐ Mobility Instability ☐ Medication Administering

☐ Feeding Tubes ☐ Modified Diets ☐ Oxygen Management ☐ Vision or Hearing Impairment

☐ Other. Please list _____

DRIVER'S LICENSE

Do you have a driver's license? ☐ Yes ☐ No

Driver's license number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐Chauffeur

Expiration date _____

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE
Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary**.**

Most Recent Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To: Final pay rate:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To: Final pay rate:	Work Performed
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Address	Supervisor	
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QUALITY LIFE SERVICES RELEASE OF INFORMATION *(APPLICANT WILL SIGN & DATE)*

I, _____, authorize QUALITY LIFE SERVICES to make inquiries of my
(Print your name)
former employers regarding my past employment record, including dates of employment, salary, performance evaluation, etc., for the purposes of assessing my qualifications for employment.

SIGNATURE: _____ DATE: _____

REFERENCES
Please list two references other than relatives. Prior employers preferred.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

_____ _____

Telephone (_____) _____ Telephone (_____) _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_____ Date: _____

PLEASE SEND COMPLETED APPLICATIONS VIA MAIL, EMAIL or FAX TO:

Quality Life Services
PO Box 5684
Midlothian VA 23112
Fax: 888-820-5670
mgmt@qualitylifeservices.org

Thank you for applying to Quality Life Services.