



# QUALITY CARE SERVICES, INC.

## Application

Date \_\_\_\_\_

Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Case of an emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

### **Availability:**

Full Time: \_\_\_\_\_ Days \_\_\_\_\_ Nights Preference: \_\_\_\_\_ Male  
Part Time: \_\_\_\_\_ Days \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_ Female

### **Skills:**

\_\_\_\_ Oxygen      \_\_\_\_ Colostomy      \_\_\_\_ Catheter      \_\_\_\_ G-Tubes      \_\_\_\_ Trachea  
\_\_\_\_ Transfer      \_\_\_\_ Sponge Bath      \_\_\_\_ Bed Bath      \_\_\_\_ Showers      \_\_\_\_ M.H.M.R.  
\_\_\_\_ Blood Sugar      \_\_\_\_ Alzheimer Patient

Allergies? \_\_\_\_\_ Are you afraid of cats, dogs, other? \_\_\_\_\_

**Duties you are qualified to perform:**    \_\_\_\_ Meals      \_\_\_\_ Housekeeping      \_\_\_\_ Errands

### **Education:** Check all that apply

\_\_\_\_ High School    \_\_\_\_ GED    \_\_\_\_ College      \_\_\_\_ C.N.A.      \_\_\_\_ Provider

**Transportation:**    \_\_\_\_ Own Car      \_\_\_\_ If not, reliable transportation?    \_\_\_\_ Licensed to drive?

### **Check City(s) you will accept jobs**

\_\_\_\_ Aldine    \_\_\_\_ Atascosita    \_\_\_\_ Bammel    \_\_\_\_ Champions    \_\_\_\_ Coldspring    \_\_\_\_ Conroe    \_\_\_\_ Humble    \_\_\_\_ Huntsville  
\_\_\_\_ Kingwood    \_\_\_\_ Klein    \_\_\_\_ Magnolia    \_\_\_\_ Montgomery    \_\_\_\_ New Caney    \_\_\_\_ North Houston    \_\_\_\_ Pinehurst  
\_\_\_\_ Shenandoah    \_\_\_\_ Spring    \_\_\_\_ Tomball    \_\_\_\_ The Woodlands    \_\_\_\_ Willis

Why do you want to work with the elderly?

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

Do you have any physical limitations that would prevent you from performing your duties as a caregiver, such a lifting, bending, stretching, etc.?    \_\_\_\_ No    \_\_\_\_ Yes

If yes, explain:

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

**Work Experience:**

Employer

Phone

Dates Employed

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**\*\*Character References:** (two may be relatives)

Name

Phone

Relationship

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We do criminal checks on all employees. Have you ever been convicted of a crime? \_\_\_\_\_

If yes explain: \_\_\_\_\_

We are an equal opportunity employer. We do not discriminate against any individual in any phase of employment in accordance with the requirements of local, state and federal law.

I authorize the references given to release any information concerning my previous employment, personal or otherwise.

I certify that the information given is correct to the best of my knowledge. I understand that any false information is grounds for my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*References will be checked