

APPLICANT NAME:

McBride Quality Care Services, Inc.

EMPLOYMENT APPLICATION

WELCOME TO MCBRIDE QUALITY CARE SERVICES, INC.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS ORGANIZATION NOT TO DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, AGE, WEIGHT, HEIGHT, COLOR OR HANDICAP IN THE HIRING, PROMOTION, PAYMENT OR DISCIPLINE OF EMPLOYEES

NOTE FOR DISABLED APPLICANTS

IF YOU ARE A PERSON WITH A HANDICAP, YOU MAY REQUEST ANY NEEDED REASONABLE ACCOMODATION TO PARTICIPATE IN THE APPLICATION OR INTERVIEW PROCESS. THIS REQUEST SHOULD BE MADE IN ADVANCE SO THAT WE CAN MAKE AN ACCOMODATION.

APPLICATION INSTRUCTIONS

1. The "Employment Application" is a very important piece of McBride Quality Care Services, Inc. selection process. This application must be completed at the facility where obtained.
2. Answer all questions fully and honestly. Not answering all questions can result in rejection or delay in considering your application.
3. Print your response clearly using a ball-point pen.
4. Do not write in boxes marked "Office Use Only".
5. The Agreement section must be read and signed in order for you to be considered for employment with McBride Quality Care Services, Inc.
6. When you have completed this application, return it to the office associate who gave it to you. **Please note- application must be complete in order to obtain an interview.**

McBride Quality Care Services, Inc. provides equal employment opportunities without regard to race, sex, age, national origin, religion, height, weight, color, or disability and will make reasonable accommodations for disabled applicants and new hires.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			
PRESENT ADDRESS, CITY, STATE, ZIP CODE			NO. YEARS THERE
PREVIOUS ADDRESS			NO. YEARS THERE
SOCIAL SECURITY NO. XXX - XX -	TELEPHONE (HOME) ()	TELEPHONE (CELL) ()	OK TO CALL AT CURRENT WORK PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a legal right to work in the United States? Yes No	DRIVER'S LICENSE (if driving is required)	
Have you ever been employed by this organization before? If yes, give employment dates and other name used.	DATE OF APPLICATION	HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED DATES OF EMPLOYMENT FROM: TO:
NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY		TELEPHONE (WORK) ()	TELEPHONE (HOME) ()
ADDRESS	HAVE YOU USED ANY OTHER NAME? IF SO, PLEASE STATE IT HERE AND THE DATES USED:		

EMPLOYMENT INTEREST

POSITION (TYPE OF WORK) DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
STARTING WAGE/SALARY DESIRED \$ PER	ARE THERE ANY DAYS OR TIMES WHEN YOU ARE UNAVAILABLE FOR WORK? IF SO, PLEASE SPECIFY.
LIST SPECIAL SKILLS, TRAINING OR ABILITIES WHICH QUALIFY YOU FOR THE JOB APPLIED FOR:	

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS		DIPLOMA OR DEGREE RECEIVED	AREA(S) OF SPECIALIZATION
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

EMPLOYMENT RECORD (LIST LAST 3 JOBS HELD - LIST MOST RECENT FIRST)

NAME OF COMPANY AND ADDRESS (INCLUDING CITY AND STATE) (IF CURRENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO)		TYPE OF BUSINESS	
POSITION TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYED FROM: TO:	LAST SALARY/WAGE \$
DUTIES		OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE	
REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR		IMMEDIATE SUPERVISOR'S TELEPHONE ()
NAME OF COMPANY AND ADDRESS (INCLUDING CITY AND STATE)		TYPE OF BUSINESS	
POSITION TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYED FROM: TO:	LAST SALARY/WAGE \$
DUTIES		OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE	
REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR		IMMEDIATE SUPERVISOR'S TELEPHONE ()
NAME OF COMPANY AND ADDRESS (INCLUDING CITY AND STATE)		TYPE OF BUSINESS	
POSITION TITLE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	EMPLOYED FROM: TO:	LAST SALARY/WAGE \$
DUTIES		OFFICE USE ONLY - VERIFICATION SIGNATURE & DATE	
REASON FOR LEAVING	NAME AND TITLE OF IMMEDIATE SUPERVISOR		IMMEDIATE SUPERVISOR'S TELEPHONE ()

SUPPLEMENTAL INFORMATION

- A. Have you ever been convicted of a crime - Misdemeanor or Felony Yes No
 B. Have you ever been convicted of driving while impaired, DUI, or reckless driving? Yes No
 C. Do you have transportation to work? Yes No
 D. Do you have a dependable vehicle available for business use?
 E. Are you willing to use your vehicle in the performance of your job? Yes No If no, please explain _____

Have you ever been administratively determined by a federal, state or local government agency to have committed abuse or neglect? Yes No If yes when, where, and the nature of the case. _____

If you said yes to any of the above, please explain in detail (if a criminal offense, provide type of offense, date of conviction, sentence or penalty received, city, county and state where convicted). Conviction of a crime will not necessarily disqualify you from consideration for employment. _____

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling of client funds, or any other recipient rights violations in an investigation by a local Community Mental Health Recipient Rights Office or any other recipient rights office? Yes No If you said yes, please provide type of offense, date substantiated, City, State, and County of offense _____

LIST ANY RELATIVES WORKING FOR MCBRIDE QUALITY CARE SERVICES, Inc.

NAME	RELATIONSHIP TO YOU	OCCUPATION	WORK LOCATION

REFERENCES LIST NAMES AND ADDRESSES OF THREE (3) PEOPLE WHO HAVE KNOWN YOU OVER 3 YEARS. DO NOT LIST RELATIVES.

NAME	RELATIONSHIP TO YOU	ADDRESS	OCCUPATION	TELEPHONE
				HOME: WORK:
				HOME: WORK:
				HOME: WORK:

AGREEMENT

I agree that if I am offered employment by McBride Quality Care Services, Inc., and accept, my employment will be employment at will and not for any specific duration, that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at the option of either McBride Quality Care Services, Inc. or myself.

I am hereby informed and I understand that nothing contained in this application, any McBride Quality Care Services, Inc. manual, handbook, or other written materials shall constitute an implied or expressed contract of employment. All such materials are presented for informational purposes only and can be changed at any time by McBride Quality Care Services, Inc. with or without notice. Furthermore, no employee or agent of McBride Quality Care Services, Inc., other than the Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that any such agreements must be in writing and must be signed by the Chief Executive Officer of McBride Quality Care Services, Inc..

The information I have given on this application is complete, true and correct and I understand that falsification, misrepresentation, or omission on this or any other personnel record can result in rejection of my application and my termination if I am employed by the company.

I authorize my former employers and other individuals, schools, companies, corporations, courts and law enforcement agencies to give McBride Quality Care Services, Inc. information concerning me, whether or not it is part of their written record, and I consent to the release to McBride Quality Care Services, Inc. of personal information including but not limited to information concerning my work history, education, motor vehicle and criminal record, and I release all parties including the custodians of such records, from any liability whatsoever on account of providing such information to McBride Quality Care Services, Inc..

I agree that all parties to whom a photocopy of this signed agreement, authorization and release, is presented shall be entitled to rely on such photocopy and consider it as valid and enforceable as the original.

Signature

Date