

ELDER CARE PROFESSIONALS & PROVIDERS

PLEASE PRINT OR TYPE

NAME: _____ SOC. SEC. NO. _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NO. _____ REFERRED BY: _____

DESIRED POSITION: _____ SALARY DESIRED: _____

DATE YOU CAN START? _____ ARE YOU EMPLOYED? _____

IF SO, CAN WE INQUIRE TO YOUR PRESENT EMPLOYER? YES _____ NO _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YRS.	DATE	SUBJECTS
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HIGH SCHOOL

COLLEGE

TRADE, BUS.

GENERAL SUBJECTS, (Please attach copies)
SPECIAL DESIGNATIONS,
CERT., LICENSES

Former Employers:

(List below Employers, starting with last one first)

Date, month & Yr. Name, address of employer & tel. No salary Position

From: _____

To: _____

REASON FOR LEAVING: _____

Date, month & Yr. Name ,address of employer & tel. No Salary Position

From: _____

To: _____

REASON FOR LEAVING: _____

Date, month & Yr. Name , address of employer & tel. No Salary Position

From: _____

To: _____

REASON FOR LEAVING _____

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED?: _____

GIVE DETAILS: _____

DO YOU HAVE ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____ IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OR ACCUSED OF A CRIME? _____ IF SO ,WHEN _____ AND WHAT TYPE OF CRIME? _____

IN CASE OF AN EMERGENCY, NOTIFY:

NAME ADDRESS TELEPHONE NO.

REFERENCES: (GIVE BELOW THREE NAMES OF PERSONS NOT RELATED TO YOU)

NAME STREET CITY STATE & ZIP TEL. No. YRS. KNOWN

NAME	STREET CITY STATE & ZIP	TEL. No.	YRS. KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF I HAVE ___ HAVE NOT___ BEEN CONVICTED OF A CRIME IN NEW YORK STATE OR ANY JURISDICTION. IF I HAVE BEEN CONVICTED OF A CRIME , I WILL PROVIDE TRUE AND ACCURATE INFORMATION ON AN ATTACHED DOCUMENT. I UNDERSTAND THAT MY FAILURE TO TRUTHFULLY AND ACCURATELY STATE WHETHER I HAVE BEEN CONVICTED OF A CRIME AND / OR TO PROVIDE TRUTHFUL AND ACCURATE INFORMATION CONCERNING THE SAID CONVICTION(S) MAY CONSTITUTE GROUNDS FOR DENIAL TO REFER FOR EMPLOYMENT. I UNDERSTAND THAT AS PART OF THE REVIEW OF THIS APPLICATION AN INQUIRY SHALL OR MAY BE MADE CONCERNING CREDITWORTHINESS AND OR FINGER PRINTING ,TO ENSURE THERE ARE NO CRIMINAL ACTS ,FELONIES OR CONVICTIONS IN SAID NAME ON THE ABOVE APPLICATION.

I AUTHORIZE HIGHQUALITYRESOURCES.COM (HQR) & ELDERS CARE INC. TO UTILIZE ALL INFORMATION PROVIDED TO THEM IN ORDER TO ASCERTAIN ASSIGNMENTS THROUGH A REFERRAL PROGRAM CALLED HIGHQUALITYRESOURCES.COM & ELDERS CARE INC.

I UNDERSTAND THAT HQR & ELDERS CARE INC. DOES NOT LICENSE, SCREEN, EVALUATE , ENDORSE OR INSURE ANY EMPLOYEES, EMPLOYERS OR PROVIDERS AND THAT THIS SERVICE ONLY REFERS PROVIDERS OF CARE TO CLIENTS (INDIVIDUALS SEEKING CARE). I UNDERSTAND I HAVE THE RIGHT TO MAKE THE FINAL DECISION AS TO WHICH CLIENT TO WORK WITH OR FOR, UNDER A SEPARATE AGREEMENT.

I UNDERSTAND THAT HQR & ELDERS CARE INC. IS UNDER NO OBLIGATION OTHER THAN TO REFER MY APPLICATION TO A PERSPECTIVE CLIENT. I UNDERSTAND HQR & ELDERS CARE INC. DOES NOT PAY, REIMBURSE OR PROVIDE ANY SALARIES , HEALTH OR LIFE INSURANCE. ALL TERMS AND AGREEMENTS CONCERNING SALARY AND COMPENSATION WILL BE BETWEEN THE CLIENT AND MYSELF, (THE PROVIDER OF CARE OR PROFESSIONAL SERVICES), UNDER A SEPARATE AGREEMENT.

I AGREE THAT HQR & ELDERS CARE INC. SHALL HAVE NO LIABILITY WHATEVER FOR ANY ACT OR FAILURE TO ACT OR ADVICE OR FAILURE TO GIVE ADVICE TO ME CONCERNING A PERSPECTIVE CLIENT OR ASSIGNMENT.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM PROMPTLY IN WRITING TO HQR & ELDERS CARE INC. OF ANY CHANGES IN MY STATUS.

I UNDERSTAND THAT I MAY REQUEST THAT MY INFORMATION BE REMOVED FROM HQR & ELDERS CARE INC.'S DATA BASE AT ANYTIME BY WRITING TO HQR & ELDERS CARE INC.

YOUR SIGNATURE _____ DATE: _____

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eldercare@aol.com*