



QUALITY LIVING, INC.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Must be 18 years old and have a high school diploma or equivalent to be hired.
Please request any needed accommodation to participate in the application process.

* Read and answer all questions carefully.

* Please complete all sections

* PLEASE PRINT.

NAME: _____
Last First Middle

Address City, State, Zip

Phone: _____ Social Security # _____

Email Address: _____

Qualified applicants are considered for employment without regard to race, religion, national origin, gender, disability, veteran status, age, or marital status.

Position(s) for which you are applying: _____

Are you available (please circle): Full Time Part Time Summer Temporary On Call

Please specify days and hours **not** available for work: _____

Are you legally eligible for employment in the United States? Yes No
If you are not a U.S. citizen, do you have a green card, a work permit, or other legally recognized authorization to work? Yes No

Have you been convicted of a felony? Yes No

Have you been convicted of a serious misdemeanor? Yes No
(Example: theft, misappropriation, shoplifting, assault)

If yes, give date(s) and charge(s): _____
Such a conviction will not necessarily disqualify you for the position which you are applying.

Should the position for which you are applying require it, do you have or are you eligible to obtain a valid Driver's License? Yes No

Are you presently employed? Yes No

Are you currently on lay-off? Yes No

If yes, are you subject to recall? Yes No

Have you ever before applied to QLI? If so, when? _____ Yes No

Have you ever been employed with QLI? If so, when? _____ Yes No

How were you referred to us?

Newspaper Walk-In Friend QLI Employee _____

Website Employment Agency Other _____

Please list your present or most recent job first. Include all full-time and part-time employment for the last ten years. Please include any volunteer activities and/or military service.

Company Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____ Employment Dates: (mo/year) _____ to _____

Position/Title: _____ Supervisor: _____

Pay: Start Rate: _____ End Rate: _____ Full-Time Part-Time

Responsibilities:

Strengths in this position:

May we contact this employer as a reference? Yes No

If no, please explain: _____

Did you leave this position voluntarily? Yes No

If no, please explain: _____

Company Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____ Employment Dates: (mo/year) _____ to _____

Position/Title: _____ Supervisor: _____

Pay: Start Rate: _____ End Rate: _____ Full-Time Part-Time

Responsibilities:

Strengths in this position:

May we contact this employer as a reference? Yes No

If no, please explain: _____

Did you leave this position voluntarily? Yes No

If no, please explain: _____

Company Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____ Employment Dates: (mo/year) _____ to _____

Position/Title: _____ Supervisor: _____

Pay: Start Rate: _____ End Rate: _____ Full-Time Part-Time

Responsibilities:

Strengths in this position:

May we contact this employer as a reference? Yes No

If no, please explain: _____

Did you leave this position voluntarily? Yes No

If no, please explain: _____

Company Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____ Employment Dates: (mo/year) _____ to _____

Position/Title: _____ Supervisor: _____

Pay: Start Rate: _____ End Rate: _____ Full-Time Part-Time

Responsibilities:

Strengths in this position:

May we contact this employer as a reference? Yes No

If no, please explain: _____

Did you leave this position voluntarily? Yes No

If no, please explain: _____

Company Name: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____ Employment Dates: (mo/year) _____ to _____

Position/Title: _____ Supervisor: _____

Pay: Start Rate: _____ End Rate: _____ Full-Time Part-Time

Responsibilities:

Strengths in this position:

May we contact this employer as a reference? Yes No

If no, please explain: _____

Did you leave this position voluntarily? Yes No

If no, please explain: _____

Education

	Name & Location of School	Years Completed	Did you graduate?	Subjects studied & Degree(s) received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, Correspondence, or Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you currently enrolled in school? Yes No

If yes, list schedule. _____

List professional memberships, activities, special training, education or skills applicable to the position for which you are applying:

References

Please list any references you feel would be able to give pertinent information about you for this position. Please refrain from using family members.

1. Name: _____

Relationship: _____ Years Known: _____

Phone #: _____

2. Name: _____

Relationship: _____ Years Known: _____

Phone #: _____

3. Name: _____

Relationship: _____ Years Known: _____

Phone #: _____

Summary

Please write a paragraph summarizing your professional growth and your future ambitions, and give reasons why you feel you are especially suited for this position.

APPLICANT NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.

Thank you for completing this application form and for your interest in employment with Quality Living, Inc. By signing this application you agree to the following:

I certify that all answers given by me are true, accurate, and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that Quality Living, and/or its agent, in compliance with the Fair Credit Reporting Act (15 U.S.C.A. SS1681, et seq.), may conduct an inquiry of my background including, but not limited to the following: character, general reputation, personal characteristics, mode of living, criminal record, credit, education, certification, accreditation, licensure, Worker's Compensation and driving record.

I understand and agree with the fact that Quality Living maintains a drug and alcohol free workplace and that I will be required to undergo a post-job offer medical examination including drug and alcohol testing to ascertain my suitability for employment. I understand that failure to pass this assessment and tests may be grounds for denial of employment or termination of employment if I am already employed.

I understand and agree that Quality Living, and or its agents acting on its behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said employer, agent, or person may have. I specifically authorize said disclosure and agree to hold all such employers, agents, or persons harmless.

I acknowledge that I have been informed that Quality Living is an Equal Opportunity/Affirmative Action Employer and that Quality Living administers its employment policies in a nondiscriminatory manner.

This Application for Employment is not a contract and cannot create a contract. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and with or without notice.

Applicant Signature

Date

QLI



Tri-Dimensional Rehab®

*Brain and Spinal Cord
Injury Specialists*



Notice of Post Offer Drug and Alcohol Testing

I have been personally informed of the requirement for a drug and alcohol test, which will be done if an offer of employment is made, but before employment begins. Any offer of employment is subject to a negative result from the drug and alcohol test.

Applicant Signature

Date



Notice of Investigative Background Report

In compliance with the Fair Credit Reporting Act (15 U.S.C.A. 1681, *et seq.*), this Notice is to inform you that Quality Living, Inc. and/or its agents may conduct an inquiry of your background including, but not limited to the following: character, general reputation, personal characteristics, mode of living, criminal record, credit, education, certification, accreditation, licensure, Workers' Compensation and driving record.

In connection with my application for employment, I authorize any insurance company, employer, educational institution, law enforcement organization, state and federal government agency, informational service bureau, medical facility, and other persons contacted to release information regarding my character, performance, qualifications, background and reasons for termination of my past employment to requesting Employer or its agent and release all parties involved in providing said information from any responsibility or liability.

You have the right to, upon written request, within a reasonable period of time after the receipt of this disclosure, a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure will be delivered to you not later than five (5) days after the date on which the request for such disclosure was received from you or such report was first requested, whichever is later.

If reports are obtained, the name and address of the reporting agency will be provided to you upon your written request.

I hereby authorize Quality Living, Inc. and/or its agents to conduct the afore described background investigation, and I hereby release Quality Living, Inc. and/or its agents and any individual and/or entity from and for any liability for providing information about me to Quality Living, Inc. and/or its agents.

By executing below, I acknowledge that I have been personally informed of the foregoing and further acknowledge that any offer of employment is contingent upon Quality Living, Inc.'s satisfactory review of any of the afore described information.

Applicant Signature

Date



QLI



Self Identification: Quality Living, Inc. wishes to comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to comply with the various laws and regulations which protect the handicapped, disabled veterans and veterans who served on active duty during the Vietnam era for more than 180 days. Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. The supplement will be maintained separately from your application and personnel file.

Name: (please print) _____ **Date:** _____

Position for which you are applying: _____

Applicants Identifying Their Sex & Race

Sex Classification

_____ Male

_____ Female

EEO Classification

_____ White

_____ Black or African American

_____ Hispanic or Latino

_____ Native Hawaiian or other Pacific Islander

_____ Asian

_____ American Indian or Alaskan Native

_____ Two or more races

Applicant Signature

Date



Voluntary Identification of Handicapped Applicants and Employees

This employer is a government contractor subject to section 503 of the Rehabilitation Act of 1973, which required government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you have such a handicap and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that:

- (i) supervisors and managers may be informed regarding restrictions on the work or duties of handicapped individuals and regarding necessary accommodations,
- (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and
- (iii) government officials investigating compliance with the Act shall be informed.

If you are handicapped, we would like to include you under the affirmative action program. It would assist if you tell us about (1) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you will be considered for any positions of that kind, and (2) accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations.

The definition of a handicapped individual under Section 503 of the Rehabilitation Act of 1973 has been explained to me.

Check One:

_____ I do not consider myself to be a handicapped person under the definition of handicapped individual as set forth in the Rehabilitation Act of 1973.

_____ I do not wish to make any statement regarding any physical or mental handicap I may have.

_____ I consider myself to be handicapped under the definition of handicapped individual as set forth in the Rehabilitation Act of 1973 and I voluntarily make the following statement about my handicap: _____

Applicant Signature

Date



Voluntary Identification of Applicants and Employees Disabled Veterans or Veterans of the Vietnam Era

This is a government contractor subject to the Vietnam Era Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era. If you are such an individual and would like to be considered under the Affirmative Action Program, please tell us. Submission of the information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) government officials investigating compliance with the Act shall be informed.

In order to assure proper placement of all employees, we do request that you answer the following questions. If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following:

1. The skills and procedures you use or intent to use to perform the job notwithstanding the disability; and
2. The accommodations we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job or other accommodations.

The definitions of a disabled veteran and a veteran of the Vietnam Era covered by the Vietnam Era Veterans Readjustments Assistance Act of 1974 have been explained to me.

Check One:

_____ I do not consider myself to be a disabled veteran or a veteran of the Vietnam Era under the definitions of those terms set forth in the Vietnam Era Veterans Readjustments Assistance Act of 1974.

_____ I do not wish to make any statement regarding my being a disabled veteran or Vietnam Veteran.

_____ I consider myself to be a veteran of the Vietnam Era under the definition as set forth in the Vietnam Era Veterans Readjustments Assistance Act of 1974.

_____ I consider myself to be a disabled veteran under the definition as set forth in the Vietnam Era Veterans Readjustments Assistance Act of 1974 and I voluntarily make the following statement about my disability: _____

Applicant Signature

Date