

Emergency Contact Information

Name:		Home Phone:	
Address:			
City:		State:	Zip:
Department:		Job title:	

First Emergency Contact:

Name:		Phone:	
Address:			
City:		State:	Zip:
Relationship to Employee			

Second Emergency Contact:

Name:		Phone:	
Address:			
City:		State:	Zip:
Relationship to Employee			

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Dear Name:

We are extremely excited about the prospect of you joining our team at QUEEN TENDER CARE. Through your meetings and discussions we have become confident that you would be a great fit with our organization. Your experience and abilities have impressed us, and we would like to extend this formal offer to join our team. The offer consists of the following:

1. Your employee status will be non-exempt. Your cash compensation will be \$..... per hour} or \$..... based on a weekly pay schedule.
2. Regular medical benefits will begin the first of the month after the required 3-month waiting period from your start date. Should you elect, you will be eligible to participate in the company medical, dental, vision, life insurance, and disability plans.
3. You will be allowed to participate in the company’s 401K savings plan program according to the terms of those plans.
4. You will be entitled to accrue 2 weeks vacation annually. Your vacation will begin accruing on the first of the month following you’re your start date and you can start taking earned days the month following your first three months with the company If you work 40 hours a week.
5. As with all other employees of QUEEN TENDER CARFE, your employment with QUEEN TENDER CARE is AT-WILL, meaning you may terminate your employment at any time with or without cause or notice and, likewise, QUEEN TENDER CARE may terminate your employment at any time without prior notice, without any procedure or formality, for any reason or for no reason, and with QUEEN TENDER CARE’s sole obligation being payment of wages earned and benefits vested, if any, through the last day worked.
6. You agree to begin your employment on .....

Note that this offer is contingent upon your successfully passing a company required background check.

Name..... I look forward to working together with you and our mutual success. If you accept the terms of this offer, please sign below and contact me to return via fax.

Sincerely,

\_\_\_\_\_  
{Manager’s Name}

\_\_\_\_\_  
{Employee Name}

\_\_\_\_\_  
{Manager’s Title}

\_\_\_\_\_  
{Date}

**RELEASE AUTHORIZATION**

**Applicant Complete the Following**

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my:

workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the New Jersey Department of Labor.

5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by Queen Tender Care or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please print your full name \_\_\_\_\_

Please print other names you have used \_\_\_\_\_

HomeAddress \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Social Security Number Date of Birth \_\_\_\_\_

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

Male \_\_\_\_\_ Female \_\_\_\_\_

Asian Black Hispanic White Other

Drivers License Number State Issuing License \_\_\_\_\_

Name as it appears on license \_\_\_\_\_ Signature Today's Date \_\_\_\_\_

Subscribed and sworn before me: \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Public

My commission expires

**If Required,**

**Notarize here**

*When using an embossed seal,*

*Please shade with a pencil before Faxing.*

Customer Number

Date

### Application For Employment

We are an equal opportunity employer, dedicated to a policy of non discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

#### Personal Information

First Name:		Last Name	
Current Street Address:			
City:		State:	Zip:
Telephone Day:		Telephone Night:	
E-mail Address:		Position Applied for:	
Are you legally eligible for employment in the USA:    Yes            No			
Are you 18 Years of age or older?    Yes    No		If No can you furnish working paper if hired.    Yes    No	
Date you can Start :		Specific shift:    7-3            3-11            11- 7	
Do you have any relative who are presently employed by QUEEN TENDER CARE?    Yes    No			
Please Give Name:			
How were you referred to QUEEN TENDER CARE?			
Have you ever worked for QUEEN TENDER CARE?    Yes    No    Position & Date:			
Have you ever been convicted of a felony?    Yes    No		If yes explain:	
Please include all employment for the last five years. Begin with most recent or current employer.			
Company name :		Date of Employment:	
Position held:		Wage/salary	
Address:			
City:		State:	zip:
Manager/Supervisor		Telephone	
May we contact this employer?    Yes    No    If No explain:			
Raison for leaving:			

Company name :		Date of Employment:	
Position held:		Wage/salary	
Address:			
City:		State:	zip:
Manager/Supervisor		Telephone	
May we contact this employer?    Yes    No    If No explain:			
Raison for leaving:			

Company name :		Date of Employment:	
Position held:		Wage/salary	
Address:			
City:		State:	zip:
Manager/Supervisor		Telephone	
May we contact this employer? Yes No If No explain:			
Raison for leaving:			

EDUCATION:

<b>COLLEGE NAME :</b>	Years completed
Location:	Degree/Diploma/Certifications:
<b>COLLEGE NAME :</b>	Years completed
Location:	Degree/Diploma/Certifications:
Technical School :	Years completed
Location:	Degree/Diploma/Certifications:
High School :	Years completed
Location:	Degree/Diploma/Certifications:

**Section for References**

Name	Address & Phone	Years known

**Applicant's Statement**

I Certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from QUEEN TENDER CARE constitutes an employment contract unless the manager and employee in writing to that effect execute a specific document.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of QUEEN TENDER CARE.

**At will Employment**

All Employment with QUEEN TENDER CARE is "at will" in that it can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or yourself, except as other wise provide by law.

Applicant's Signature :

Date:





## VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Position applied for: \_\_\_\_\_

### Race/Ethnic Data:

White (Non Hispanic)       Asian or Pacific Islander       American Indian or  
Alaskan Native  
 Black (Non Hispanic)       Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

### Disabled/Veteran Classification(s):

Disabled Person       Vietnam Era Veteran       Special Disabled Veteran  
(30% or more disability)

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#### EXPLANATION OF THE CATEGORIES:

**White (non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who 1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, 2) has a history of such impairment, or 3) is regarded as having such impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who 1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or 2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who is 1) is entitled to compensation under laws administered by the Veteran's Administration for a disability rated 30% or more, or 2) was discharged or released from active duty because of a service-connected disability.

MANTOUX TESTING

I CONSENT TO HAVE THE MANDATORY MANTOUX TESTING DONE ON ME. I RECOGNIZE IT IS A MANDATORY THAT EVERY EMPLOYEE RECEIVES MANTOUX TESTING ON EMPLOYMENT AND EVERY YEAR THEREAFTER.

MEANWHILE, IF I HAVE DONE A REACTION TO MANTOUX TESTING IN THE PAST, I WILL DECLARE IT AND ACCORDINGLY FULFILL THE REQUIREMENT TO HAVE A CHEST X-RAY.

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Employee's Signature

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Date