

# Quality Private Duty Pre-Screening Application Form

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

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

*Please complete both front and back sides of this form.*

Do you have a Professional License for: RN LPN CNA HMK (no license required) Other: \_\_\_\_\_

At our agency, we do the following aspects of Home Care: Total Personal Care, Housekeeping, and Meal Preparation. Are you willing to do all of these aspects as part of normal job duties?      Yes      No

Do you have any previous experience in dealing with the elderly or disabled?      Yes      No

Please List your previous employers, your length of employment, and reason for leaving:

Previous Employer	Position	Length of Employment	Reason for Leaving

Do you have a valid TN Drivers License?      Yes      No

Do you have reliable transportation?      Yes      No

Do you have your own phone?      Yes      No

We actively perform pre-employment and random drug screening, do you agree to have these screens done as part of your employment?      Yes      No

Are you currently taking any prescribed or non-prescribed controlled medications?      Yes      No

If Yes, please explain name and reason for taking: \_\_\_\_\_

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Do you have any physical limitations that would prohibit you from performing normal job functions such as stooping, bending, or lifting? Yes    No

Do you have significant allergies to animals, plants, or household products that would prohibit you from performing normal job functions? Yes    No

If Yes, please list allergy and reaction resulted: \_\_\_\_\_

\_\_\_\_\_

We perform local and state background checks on all applicants which includes workers compensation. Is there anything that you need to notify us that may appear on your report? Yes    No

If Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Were you referred by a current staff member of Quality Private Duty Care? Yes    No

If Yes, please give their name and your relation/affiliation: \_\_\_\_\_

\_\_\_\_\_

Please tell us a little about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office use Only:	A	B	C	
Interview #1 Scheduled:	_____			Interview #2 Scheduled: _____