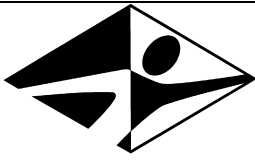


PARAQUAD, INC.
Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

P E R S O N A L	Last Name First Middle			Date		
	Street Address			Home Telephone ()		
	City, State, Zip			Mobile Telephone ()		
	What was your previous address?			How long at present address? Years Months		
	Position Desired			Pay Expected		
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you legally eligible for employment in the United States?			When will you be available to begin work?		
	Other special training or skills (languages, machine operation, etc.)			Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year		
				Do you have a relative that works/worked for Paraquad? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who? Name _____		
E D U C A T I O N	School	Name and Location of School	Course of Study	No. Of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, disability, religion or national origin)						



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EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - (mm/yy--mm/yy)
	Job Title	Pay Rate
	Name of Supervisor	Reason for Leaving

2	Company Name	Telephone
	Address	Employed - (mm/yy--mm/yy)
	Job Title	Pay Rate
	Name of Supervisor	Reason for Leaving

3	Company Name	Telephone
	Address	Employed - (mm/yy--mm/yy)
	Job Title	Pay Rate
	Name of Supervisor	Reason for Leaving

IN-HOME SERVICES EMPLOYMENT QUALIFICATIONS

(To be completed by in-home services applicants only)

Employee meets one of the following experience qualifications:

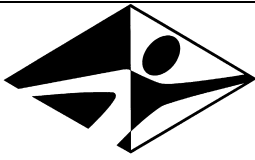
- At least one (1) year's experience (paid or unpaid) caring for children, elderly, or disabled.
- At least six (6) month's paid experience as an agency homemaker, nurse's aide, or maid.
- Successfully completed training as a CNA, LPN, or RN.

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____

Reason _____



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R E F E R E N C E S	PROFESSIONAL REFERENCES	Please list three professional references below, preferably managers or supervisors. These individuals may be associated with past or present employers.	
	Name	Employer	Phone Number
	Name	Employer	Phone Number
	Name	Employer	Phone Number
	PERSONAL REFERENCES	Please list three personal references (not former employers or relatives)	
	Name	Employer	Phone Number
	Name	Employer	Phone Number
	Name	Employer	Phone Number

AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that 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, criminal record, education, credentials, credit, and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), 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.

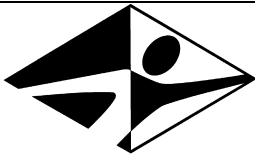
I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

 Signature

 Date



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B A C K G R O U N D S C R E E N I N G A P P L I C A T I O N	CONSENT TO BACKGROUND SCREENING	
	Will you consent to a pre-employment criminal record check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will you consent to a closed records check? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	Date of Birth
	Address	
	Phone Number	Social Security Number
	List ALL aliases you have ever used (including maiden names and all married names):	
	List ALL social security numbers you have ever used:	
	DISCLOSURE OF BACKGROUND	
	Have you ever been convicted of a crime in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List ALL criminal convictions, findings of guilt, please of guilty, and please of nolo contendere. Do not list minor traffic offenses such as speeding tickets or parking tickets. (Use the back of this form or additional paper if necessary).		

Paraquad, Inc. will **NOT** hire individuals listed on the Employee Disqualification List (EDL) in any capacity. Paraquad, Inc. will **ONLY** hire individuals with no criminal history listed on the Family Care Safety Registry (FCSR) background check. No individual with a Class A or B Felony or Abuse/Neglect finding listed on the FCSR results will be hired.

The EDL will be monitored on a quarterly basis. The FCSR will be checked twice a year. If any new findings appear on either background check, employment will be suspended without pay and/or terminated.

I certify that the answers given are true and complete to the best of my knowledge.

Signature of Applicant

Date