



Agency Application

Jazz Home, LLC

Jazz Home, LLC

14808 SE Allen Road, Bellevue, WA 98006 (425) 599-0064

Email: info@Jazzhome.com | www.Jazzhome.com

Today's Date _____

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please Print

Position Applied for Home Health Aide Nurse Assistant
 Homemaker Other _____

How did you learn about Jazz Home, LLC?

- Advertisement (Where?) _____
- Care Center: _____
- Training Program: _____
- Jazz Home Employee (Name): _____
- Other _____

Name _____

Present Address _____

City _____ State _____ Zip _____ Phone (____) ____-____

Social Security Number _____ / ____ / _____ Email _____

General Information

Are you legally able to be employed in the United States? Yes No

Proof of your eligibility and identity will be required upon employment.

Have you ever filed an application with us before?

Yes No If yes, give date _____

Were you ever placed through Jazz Home, LLC?

Yes No If yes, give date _____

Please list any relatives working with Jazz Home, LLC:

In case of an emergency notify: (check one) Relative Friend

Name: _____

Address _____

	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Fair
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Employment History

Please list your most recent job. Include any job related military service assignments and volunteer activities.

Explain any gaps in your work history, using the space at the bottom of the page.

Are you currently employed? Yes No

If yes, may we contact your current employer?

If no, may we contact your previous employer?

Employer _____ Dates Employed: From _____ to _____

Address _____
Street Address

City _____ State _____ Zip code _____

Hourly Rate/ Salary: Starting _____
Final _____

Job Title _____

Supervisor _____
Name and Title

Duties _____

Reason for Leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____
Street Address

City _____ State _____ Zip code _____

Hourly Rate/ Salary: Starting _____
Final _____

Job Title _____

Supervisor _____
Name and Title

Duties _____

Reason for Leaving _____

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Supervisor _____
Name and Title

Duties _____

Reason for Leaving _____

Employment Gaps (If Any) _____

Availability Are you available to work: Full Time Part Time

On what date would you be available to start working?

Are you available to work holidays? Yes No

Are you interested in working as a live-in home health aide? Yes No

If yes, please check which days you are available:

5 day live in Monday through Friday only

2 day live in Saturday and Sunday only

Both Monday through Friday or weekends

Respite/Emergency fill-in only

Are you interested in working hourly cases? Yes No

Please write in the times you can work under the days you are available, e.g.

Monday
8 am
to
8 pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

Please read carefully before signing.

If you have any questions regarding the following statements, please ask for assistance.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representative of this company/organization.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Date _____ Signature _____

Print Name _____

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