



Jajjaz Home, LLC

14808 SE Allen Road, Bellevue, WA 98006

Phone: (425) 599-0064 • Fax: — • Email: info@Jajjazhome.com • www.Jajjazhome.com

EMPLOYMENT APPLICATION

Today's Date _____

For Office Use Only: NCR NA NC HC BC

How to Contact Me

Name _____

Social Security Number _____

Email _____

Citizenship US H1a H1b Trade NAFTA Work Authorization Card Resident Alien Card

Present Address _____

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

I will be at this address until _____

The best time to reach me is by Telephone Email

Permanent Address _____

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

In the event of an emergency, please contact:

Name _____

Address _____

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

My Preferences

Date I am available to start _____ Are you traveling with family members or friends? _____

Location Preference 1. _____ 2. _____ 3. _____

Pets? _____

My Education

Educational Level	Name, Location of School	Date Boards Passed	Diplomas/Degrees Received
College			
Graduate			
Professional or other			

My Career Specialties

1. _____ 2. _____ 3. _____

Years of Experience _____

Licensure

(Please include photocopies of all licenses held.)

License # _____

License # _____

License # _____

State _____

State _____

State _____

Exp. Date _____

Exp. Date _____

Exp. Date _____

License # _____

License # _____

License # _____

State _____

State _____

State _____

Exp. Date _____

Exp. Date _____

Exp. Date _____

Have you ever held a nursing license under a different name? Yes No

If yes, please list name and location _____

If you answer yes to any of the below questions, please attach a separate sheet with circumstances, dates, and final outcome:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Has your license or certification ever been investigated or suspended? Yes No

Have you ever been named as a defendant in a malpractice claim? Yes No

Current Credentials

Please identify current credentials:

Type _____

Exp. Date _____

Type _____

Exp. Date _____

Type _____

Exp. Date _____

Type _____

Exp. Date _____

Type _____

Exp. Date _____

Type _____

Exp. Date _____

Employment History

Please list your employment for the past 10 years beginning with your most recent experience. Document any periods of unemployment. If you need additional space, please use the Employment Application Continuation Sheets that are attached.

Are you currently employed? Yes No

If yes, may we contact your current employer?

If no, may we contact your previous employer?

Facility _____

From _____ to _____ Address _____

Supervisor _____

Street Address _____

Teaching Hospital? Yes No

City _____ State _____ Zip code _____

No. of Unit Beds _____

Name and Title _____

Total # Hospital Beds _____

Speciality _____

Shift _____ Position _____

Avg. Patient Ratio _____

Charge Exp.? Yes No How often? _____

Travel Assignment? Yes No

Local Staffing Agency? Yes No

Facility _____

From _____ to _____ Address _____

Supervisor _____

Street Address _____

Teaching Hospital? Yes No

City _____ State _____ Zip code _____

No. of Unit Beds _____

Name and Title _____

Total # Hospital Beds _____

Speciality _____

Shift _____ Position _____

Avg. Patient Ratio _____

Charge Exp.? Yes No How often? _____

Travel Assignment? Yes No

Local Staffing Agency? Yes No

Facility _____

From _____ to _____ Address _____

Supervisor _____

Street Address _____

Teaching Hospital? Yes No

City _____ State _____ Zip code _____

No. of Unit Beds _____

Name and Title _____

Total # Hospital Beds _____

Speciality _____

Shift _____ Position _____

Avg. Patient Ratio _____

Charge Exp.? Yes No **How often?** _____

Travel Assignment? Yes No

Local Staffing Agency? Yes No

Facility _____

From _____ **to** _____ **Address** _____

Supervisor _____

Street Address _____

Teaching Hospital? Yes No

City _____ **State** _____ **Zip code** _____

No. of Unit Beds _____

Name and Title _____

Total # Hospital Beds _____

Speciality _____

Shift _____ **Position** _____

Avg. Patient Ratio _____

Charge Exp.? Yes No **How often?** _____

Travel Assignment? Yes No

Local Staffing Agency? Yes No

How did you hear of Jajjaz Home, LLC?

Co-worker Magazine/Journal Internet Search Internet Ad Newspaper Trade Show Direct Mail

(DESCRIPTION) Other

If word of mouth, from whom? _____

I understand that the information provided in this application is true to the best of my knowledge and the falsification of any information contained herein is the basis for immediate termination.

I authorize Jajjaz Home, LLC to verify the information I have provided and to contact past employers and references concerning my employment record. I release all persons providing such information from any liability for furnishing this information.

I authorize the release of the information in this application, reference, and medical information to Jajjaz Home, LLC and facilities where I may be employed.

Signature _____

Date _____