



Jazz Home, LLC

14808 SE Allen Road, Bellevue, WA 98006

Phone: (425) 599-0064 • Email: info@Jazzhome.com • www.Jazzhome.com

PRE-EMPLOYMENT APPLICATION

Today's Date _____

Jazz Home, LLC is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on the application until all questions have been answered.

Personal Data

Name _____

Present Address _____

City _____ State _____ Zip _____

Home Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Social Security Number _____ Email _____

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

Name: _____

Address _____

Home Tel. Number (____) ____ - ____

Work Tel Number (____) ____ - ____

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

Employment Desired

Full-Time Part-Time Per-Diem Short-Term Temporary Employment

Position applying for _____

Salary Desired per Hour _____

RN/LPN LIC# (if applicable) _____

CPR Certification (if applicable) _____

HHA Certified? (if applicable) _____ CPR Certification? Yes No Exp. Date _____

Date you are available to start _____

Have you ever applied to our company before? Yes No or worked for our company? Yes No

Are you interested in our Health Dental Benefits? Yes No

How did you hear about us? Direct Mail Internet NSPRN employee Other _____

What Hours and Days are you willing to work? _____

Are you available weekends? Yes No

Do you have reliable transportation? Yes No

Do you have a valid driver's license? Yes No

Are you willing to travel within a 30-mile radius of your home? Yes No

Education

	Courses Studied	Graduate?	Diploma	School Name & Location
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School or Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Employer _____ Dates Employed: From _____ to _____
Address _____ Hourly Rate/Salary: Starting _____ Final _____
Job Title _____
Telephone Number(s) _____ Supervisor _____
 FT or PT No. of Hours/Wk _____ Duties _____
Reason for Leaving _____
Street Address _____ City _____ State _____ Zip code _____
Name and Title _____

Employer _____ Dates Employed: From _____ to _____
Address _____ Hourly Rate/Salary: Starting _____ Final _____
Job Title _____
Telephone Number(s) _____ Supervisor _____
 FT or PT No. of Hours/Wk _____ Duties _____
Reason for Leaving _____
Street Address _____ City _____ State _____ Zip code _____
Name and Title _____

If you are presently employed, may we contact your present employer? Yes No

If NO, please explain _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please explain _____

Employer _____ Dates Employed: From _____ to _____
Address _____ Hourly Rate/Salary: Starting _____ Final _____
Job Title _____
Telephone Number(s) _____ Supervisor _____
 FT or PT No. of Hours/Wk _____ Duties _____
Reason for Leaving _____
Street Address _____ City _____ State _____ Zip code _____
Name and Title _____

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I authorize the investigation of all statements and references regarding my employment history, character and qualifications and waive all parties from damage that may result from these findings. I understand that this Company has been certified by the Criminal History Systems Board (CORI) for access to conviction data and utilizes Healthcare Employment Screening (HES), Tulsa, OK for investigative consumer reports, background information and other information that may reflect upon my decision for employment. I agree that, if employed, I will abide by all the rules and regulations of the company. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Date _____ Signature _____

Print Name _____

References

Please list three (3) professional references, current/past supervisors or managers. No relatives please.

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Occupation _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Occupation _____

AFFIDAVIT

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) ____ - ____ Occupation _____

<p>Company Use Only...</p> <p>Interviewed by _____</p> <p>Comments _____</p> <p>_____</p> <p>_____</p>



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