

SUREWELLNESS HEALTH SERVICES

JOB APPLICATION

1720 S 341ST STE C-2

FEDERAL WAY, WA 98003

206-212-6124 Fax 206-592-2559

www.surewellnessstaffing.com

PERSONAL INFORMATION

PRINT NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street number) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: _____ **E-MAIL** _____

HOME PHONE _____ **CELL PHONE** _____ **WORK PHONE** _____

EMERGENCY CONTACT: _____
(Name and Relationship) (Number)

ARE YOU 18 YEARS OF AGE OR OLDER? ____ (Yes) ____ (No). **DATE OF BIRTH** ____/____/____.

LANGUAGES SPOKEN: _____

Are you currently employed? ____ (Yes) ____ (No). **May we contact your employer?** ____ (Yes) ____ (No)

How did you find out about our company? _____

Which cities would you prefer to work in? _____

Are you currently able to perform the essential functions, with or without a reasonable accommodation, for the position for which you are applying? _____

Have you previously worked for our company? _____

EDUCATION

High School: _____ **Graduate?** ____ (Yes) or ____ (No)

College: _____

Trade, Business or Other Schooling: _____

Relevant Experience or Special Skills: _____

EMPLOYMENT HISTORY

We will confirm dates of employment, positions held and reasons for leaving, with prior employers. Please explain all gaps in employment and any other information that may be relevant to eligibility and suitability with prior employers in the "additional information" section. Start with your current or most recent employers.

1. Name and Address of Employer: _____

Name of Supervisor _____ Phone _____

Name of Supervisor _____ Phone number _____

Start Date: (Mo/Year) _____ End Date: (Mo/Year) _____ Job Title _____

Reasons for leaving: _____

Description of Work Responsibilities: (Attach additional sheet if necessary) _____

2. Name and Address of Employer: _____

Name of Supervisor _____ Telephone number _____

Start Date: (Mo/Year) _____ End Date: (Mo/Year) _____ Job Title _____

Reasons for leaving: _____

Description of Work Responsibilities: (Attach additional sheet if necessary) _____

3. Name and Address of Employer: _____

Name of Supervisor _____ Phone number _____

Start Date: (Mo/Year) _____ End Date: (Mo/Year) _____ Job Title _____

Reasons for leaving: _____

Description of Work Responsibilities _____

EMPLOYMENT HISTORY (CONTINUED)

REFERENCES:

List the names of three persons, not related to you, whom you have known for at least one year:

Name, Address & Phone

Business/Occupation

Years Acquainted

LICENSES AND CERTIFICATES:

What professional designations, do you currently hold? Please check all that are applicable.

- Certified Nursing Assistant Certificate (State License) License # _____.
- Home Care Aide Certificate (State License) License # _____.
- Nursing Assistant Registered (if you have proof of employment form 2011)
- 75 Hour Fundamentals
- Core Training

Have you applied for any of these licenses? Yes _____ No _____ Date: _____

If available, resumes are welcomed....upload

NOTICES:

New Employees are required to produce verification of their legal right to work in the United States. If you are offered employment, can you produce sufficient documentation of your identity and right to work in the United States, and attest under penalty of perjury that the documents you produce are genuine and relate to you?

Yes _____ No _____

ADDITIONAL INFORMATION:

Have you ever been convicted of a felony or of any crime for which you served a jail or prison sentence?

Yes _____ No _____

(Do not include convictions under Health and Safety Code Sections 11357(b) or 11360(b), 11364, 11365, or 11550 related to marijuana which occurred two or more years ago, or referrals to any pre-trial diversion program)

Are you currently awaiting trial for any criminal offense? Yes _____ No _____

Have you ever initiated an act of violence in the workplace? Yes _____ No _____

A "Yes" answer to these questions will not necessarily disqualify you. Please explain any "Yes" answer so that individual circumstances can be considered. Use additional paper if necessary.

Prospective employees may be required to undergo the Company's drug/alcohol examination. The examination includes laboratory testing of a urine sample from a prospective employee to determine the presence of certain drugs and/or alcohol in the body.

AGREEMENTS:

I authorize the investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts will result in immediate dismissal or removal of my application from consideration. I authorize Company to secure information about my background and experience from other employers, educational institutions, references and government agencies, and for those parties to provide information concerning my background and experience. I release all parties from any liability arising there from.

Initial _____

If the Company employs me, I agree to conform to the rules and regulations of Company. I also understand and agree that, except for arbitration and employment at-will status, my wages, hours, working conditions, job assignments and compensation are subject to change by Company. I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Company or myself. I understand that, other than the President of Company, no manager, supervisor or representative of Company has authority to enter into any agreement for employment for any special periods of time, or to make any agreement contrary to at-will employment. Only the President of Company has the authority to change my at-will status, and then only in a writing expressly changing my at-will status.

Initial _____

SIGNATURE PAGE:

My signature below certifies that I have read and understand this application, and to the best of my knowledge, the information I provided is true and correct. My signature below also certifies that I agree to be bound by the terms and conditions of employment stated in this application. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by Company, and supersedes all prior

And/or contemporaneous practices, oral or written agreements, understandings, representations and promises, express or implied, between me and Company.

How would you prefer to be contacted? Email _____ Text _____ Phone _____.

Applicants Signature

Date

It is the Company's policy to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, disability, medical condition, sexual orientation or any other consideration made unlawful by applicable federal, state or local laws. Company is an equal opportunity employer and selects employees on the basis of qualifications. Please contact the President of Company if you have any questions or complaints regarding this policy.