



**S & S HEALTH CARE**

**11319 E Carlisle #104  
Spokane Valley, WA 99206**

**Employment Application**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

S & S Health Care provides in-home private duty nursing services to clients in Spokane, TriCities, Wenatchee, Moses Lake, Colville, Walla Walla, Clarkston, Othello, and other Eastern Washington areas. Nursing positions are filled as per client needs. Please be very specific regarding areas you refuse to be scheduled to work, this may impact your position with this agency. Traveling to and from your scheduled client is a requirement and responsibility of all positions (other than office clerical) of this agency.

Signature of applicant \_\_\_\_\_.

RN       LPN       Office Position \_\_\_\_\_

Referral source:     Classified Advertisement     Friend     Walk-in     Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Email \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone/Cell: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?     YES     NO

Are you legally eligible for employment in this country?     YES     NO

Have you ever filed an application with us before?     YES     NO

Have you ever been employed with us before?     YES     NO

If Yes, Give Dates \_\_\_\_\_

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Date available for work? \_\_\_/\_\_\_/\_\_\_      Desired hourly wage? \_\_\_\_\_

Mark all that you are available for:

Fulltime (avg. 40 hours / week)       Part-time  
 Days Only       Nights Only       Days or Nights

Describe your days and hours of availability and restrictions on your availability, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	Name City State	Years Completed	Diploma / Degree
High School			
College			
Other			

**EXPERIENCE: (start with most current)**

<b>Employer:</b>	<b>Dates Employed From / To</b>	<b>Job Duties</b>
<b>Supervisor:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Job Title:</b>		
<b>Hourly Wage:</b>		
<b>Reason for Leaving:</b>		
<b>Eligible For Rehire?</b>		
<b>Employer:</b>	<b>Dates Employed From / To</b>	<b>Job Duties</b>
<b>Supervisor:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Job Title:</b>		
<b>Hourly Wage:</b>		
<b>Reason for Leaving:</b>		
<b>Eligible For Rehire?</b>		
<b>Employer:</b>	<b>Dates Employed From / To</b>	<b>Job Duties</b>
<b>Supervisor:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Job Title:</b>		
<b>Hourly Wage:</b>		
<b>Reason for Leaving:</b>		
<b>Eligible For Rehire?</b>		

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodations, the activities involved in the job for which you are applying?    YES    NO**

## Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in termination.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including reference checks of previous employers.

I authorize a state and/or federal background check as required for employment with a home health agency and I understand that I can obtain the results of the background check.

I hereby understand and acknowledge that my employment relationship with this organization is of an "at will" nature and that S & S Health Care does not "guarantee" any specific number of hours for its in home care providers and staff fill in providers. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I am required to abide by all policies and procedures of the employer and I am required to follow strict confidentiality policies, and policies forbidding sexual harrasment.

I understand that if I am offered a position with S & S Health Care, that I may be required to commute anywhere from 0-150 miles to and/or from its clients, and that S & S Health Care does not guarantee work that is within 30 miles of my residence and that it will be up to me, if I wish to begin employment, accept employment or continue employment, to choose whether or not to accept the various available shifts that are offered.

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Signature of Applicant

Date

### DO NOT WRITE BELOW , FOR OFFICE USE ONLY

#### Reference Check (s)

Employer Name \_\_\_\_\_

Dates of Employment Verified?  YES  
Eligible for Re-Hire  YES  NO  
Other Comments:

Employer Name \_\_\_\_\_

Dates of Employment Verified?  YES  
Eligible for Re-Hire  YES  NO  
Other Comments:

#### FOR AGENCY USE ONLY

Interview completed  YES  NO

Hired  YES  NO

Hired By \_\_\_\_\_ TITLE \_\_\_\_\_ Date \_\_\_\_\_

Notes: