

# DOTNE HOME CARE LLC

817 Harvey Rd  
Auburn, WA 98002

## APPLICATION FOR EMPLOYMENT

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**Position Applying for:** NAR HCA NAC OFFICE STAFF  
**Type of Employment:** FULL-TIME PART-TIME TEMPORARY ON-CALL  
**Time of Availability:** MORNINGS NIGHTS WEEKENDS  
**Hours of Availability:** \_\_\_\_\_

### **Basic Information**

Name (*Last, First Middle Initial*): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_  
Desired Start Date of Employment: \_\_\_\_\_ Are you willing to travel? Yes No  
Are you authorized to work in the United States on an unrestricted basis? Yes No

### **Personal Information**

Gender: Male Female Marital Status: Single Married

#### ***In Case of an Emergency, Please Notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Alternative: \_\_\_\_\_

### **Educational History**

Type of Degree Earned: High School Diploma G.E.D. College Grad. School  
Additional Training: \_\_\_\_\_ Diploma/Degree? Yes No  
Nursing School (*if applicable*): \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To: \_\_\_\_\_

I hereby certify that all information provided above is true and correct to the best of my knowledge. By signing below I authorize Dotne Home Care LLC to investigate and verify the information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For Office Use Only**

**Person Conducting Interview:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

Name (Last Name): \_\_\_\_\_

**Employment History**

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Company/Client's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Name (Last Name): \_\_\_\_\_

**License Verification Form**

Employee Name: \_\_\_\_\_ Discipline: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WASHINGTON STATE**

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**OTHER STATES**

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**OTHER STATES**

License #: \_\_\_\_\_ Status: \_\_\_\_\_

***For Office Use Only***

Verified By: Automated System Verbal Contact *(If verbal, complete the following. If not, skip.)*

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name (Last Name): \_\_\_\_\_

**Reference Form**

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

**Section I:** *(To be completed by Applicant)*

Name(HHA): \_\_\_\_\_ Company's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

I acknowledge filing an application with Dotne Home Care LLC and authorize the release of information from my former employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II:** *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Are the dates of employment correct?  Yes  No \_\_\_\_\_  
*(if no, please correct information)*

Is this employee eligible for rehire?  Yes  No or  Conditional

\_\_\_\_\_  
*(if no/conditional, please explain)*

**Section II: Evaluation of Performance**

Job knowledge/Technical skills:  Excellent  Good  Fair  Poor

Quality of work:  Excellent  Good  Fair  Poor

Ability to work with others:  Excellent  Good  Fair  Poor

Initiative:  Excellent  Good  Fair  Poor

Punctuality/Attendance:  Excellent  Good  Fair  Poor

Additional Comments: \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Reference record completed by *(Authorized Representative)*: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last Name): \_\_\_\_\_

**Reference Form**

The undersigned, having applied for a position with our company, hereby authorizes you to release any information necessary relating to employment. This hereby releases your organization unconditionally from all liability for damage whatsoever that might result from furnishing this information.

**Section I:** *(To be completed by Applicant)*

Name(HHA): \_\_\_\_\_ Company's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

I acknowledge filing an application with Dotne Home Care LLC and authorize the release of information from my former employer.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II:** *(Supervisor, please confirm information in Section I and complete Section II.)*

Is the Applicant's position title correct? Yes No \_\_\_\_\_  
*(if no, please correct information)*

Are the dates of employment correct? Yes No \_\_\_\_\_  
*(if no, please correct information)*

Is this employee eligible for rehire? Yes No Conditional

\_\_\_\_\_  
*(if no or conditional, please explain)*

**Section II: Evaluation of Performance**

Job knowledge/Technical skills: Excellent Good Fair Poor

Quality of work: Excellent Good Fair Poor

Ability to work with others: Excellent Good Fair Poor

Initiative: Excellent Good Fair Poor

Punctuality/Attendance: Excellent Good Fair Poor

Additional Comments: \_\_\_\_\_

Information Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Reference record completed by *(Authorized Representative)*: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_