Kenyon HomeCare Consulting

Smarter Solutions.
Better Outcomes.

Washington

Employee File Forms Non-Skilled

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SECTION 1

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last, First): | SSN:

Present Address (Street, City, State, Zip):

Are you 18 years or older? ☐ Yes ☐ No | Day phone: | Evening phone:

DESIRED EMPLOYMENT

Position applied for:

Salary desired: | Are you applying for: ☐ Full-Time ☐ Part-Time

Are you employed now? ☐ Yes ☐ No | Date you can start:

Who referred you?

LICENSURE/CERTIFICATION

License type:
☐ RN ☐ LPN ☐ CNA ☐ RNA
Other:

License/Certification #:

State:

Expiration date:

CPR expiration date: | Last TB/CRX date:

EDUCATION

Highest school level: | Name and location of school:

years attended: | Did you graduate? ☐ Yes ☐ No

Subjects studied:

GENERAL INFORMATION

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Please list any other work-related information you think would be helpful to us in considering you for employment, such as foreign language, volunteer work, activities, accomplishments, publications, special training, etc.

List your last three employers, starting with the most recent first.

Name of present or previous employer:		
Address (Street, City, State, Zip):		
Job title:	Starting date:	Leaving date:
Weekly starting salary:	Weekly ending salary:	
Supervisor name:	Title:	Phone:
Description of work:		
Reason for leaving:	May we contact your supervisor? ☐ Yes ☐ No	

Name of present or previous employer:		
Address (Street, City, State, Zip):		
Job title:	Starting date:	Leaving date:
Weekly starting salary:	Weekly ending salary:	
Supervisor name:	Title:	Phone:
Description of work:		
Reason for leaving:	May we contact your supervisor? ☐ Yes ☐ No	

Name of present or previous employer:
Address (Street, City, State, Zip):

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Job title:	Starting date:	Leaving date:
Weekly starting salary:	Weekly ending salary:	
Supervisor name:	Title:	Phone:
Description of work:		
Reason for leaving:	May we contact your supervisor? ☐ Yes ☐ No	

PERSONAL REFERENCES

Below, please five the names of three personas you are not related to whom you have known for at least one year.

1. Name:	Relationship:	Years known:
Address:	Phone:	
2. Name:	Relationship:	Years known:
Address:	Phone:	
3. Name:	Relationship:	Years known:
Address:	Phone:	

AUTHORIZATION

Are you legally authorized to work in the USA? ☐ Yes ☐ No

(Should you become employed by [AGENCY NAME] *you will be required to provide documentation proving your eligibility to work in the USA).*

Have you ever been convicted of or are presently charged with a felony or misdemeanor crime? ☐ Yes ☐ No

Are you currently or have you in the past used illegal drugs? ☐ Yes ☐ No

If yes to above, what crime and dates of conviction or charge: _____

_____

(This does not apply if there was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since the occurrence, and any rehabilitation you have undergone.)

I authorize [AGENCY NAME] to obtain any relevant information (including extensive local and national criminal background checks, social security verification, credit history, and motor vehicle investigations) needed to make an employment decision. I authorize [AGENCY NAME] to disclose this application along

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with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual, or accreditation audits purposes. I also authorize [AGENCY NAME] to disclose any of my performance appraisals, disciplinary records, or skills tests for the same purposes as above. I release [AGENCY NAME] from any individual or entity providing information to [AGENCY NAME] from all liability for any damages from the disclosure of the information.

I understand and agree that nothing contained in this employment application or in granting an interview, creates an employment contract between [AGENCY NAME] and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand it is conditional upon a clear criminal background check and that employment can be terminated "at will", and I have a right to terminate my employment at any time and that [AGENCY NAME] also retains a similar right to terminate my employment at any time.

I understand that should I become employed by [AGENCY NAME] my work assignments, schedules, and work locations are subject to change according to the needs of the business and the clients of [AGENCY NAME].

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be considered grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature Date

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. Et Seq) and 45 C.F.R. part 80, section 504 of the Rehabilitation Act of 1973, as amended (29 U/S/C. 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U/S/C/ 6101 Et Seq) and 45 C.F.R. Part 91, Agency Name adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment, and for all persons employed by the Agency Name. Agency Name does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin, or disability.

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