



# KM HOME CARE LLC

## APLICACION FOR EMPLOYMENT

KM Home Care LLC (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, colour, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

# PERSONAL

|   |  |                |   |  |
|---|--|----------------|---|--|
| Last Name   |  | First          | Initial                                 | Social Security #                              |
| Other Name(s) Used  |  |                |   | Date of Birth                                  |
| Address   |  |                |   | Cell Phone #<br>( )<br>Home Telephone #<br>( ) |
| Position Applied For  |  | Salary Desired |   | Email Address:                                 |
| Referred By   |  |                |   |  |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                | If under 18, do you have a work permit? |  |

# EDUCATION

Circle Highest Grade Completed:

|                            |       |    |    |    |
|----------------------------|-------|----|----|----|
| High School                | 9     | 10 | 11 | 12 |
| College, Trade or Business | 1     | 2  | 3  | 4  |
| Graduate Studies           | _____ |    |    |    |

| School                      | Address | Major Studies | Degree, Diploma, License or Certificate |
|-----------------------------|---------|---------------|---|
| High School                 |         |               |   |
| College/University          |         |               |   |
| Vocational, Business, Other |         |               |   |

List Any Professional Designations and Licenses, including license numbers and expiration dates

Other Special Knowledge, Skills or Qualifications

*For Clerical Applicants Only:*

Do you type?  Yes  No      If yes, WPM:

Computer Skills (Hardware/Software)

# EMPLOYMENT HISTORY

List all employed and/or contracted positions for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume in place of completing the required information.

|                           |                  |                    |                 |
|---------------------------|------------------|--------------------|-----------------|
| Employed From<br>/ /      | Employer Name    | Supervisor Name    | Starting Salary |
| Employed Until<br>/ /     | Employer Address | Supervisor Phone # | Ending Salary   |
| Job Title                 |                  | Reason for Leaving |                 |
| Duties & Responsibilities |                  |                    |                 |
|                           |                  |                    |                 |

|                           |                  |                    |                 |
|---------------------------|------------------|--------------------|-----------------|
| Employed From<br>/ /      | Employer Name    | Supervisor Name    | Starting Salary |
| Employed Until<br>/ /     | Employer Address | Supervisor Phone # | Ending Salary   |
| Job Title                 |                  | Reason for Leaving |                 |
| Duties & Responsibilities |                  |                    |                 |
|                           |                  |                    |                 |

|                           |                  |                    |                 |
|---------------------------|------------------|--------------------|-----------------|
| Employed From<br>/ /      | Employer Name    | Supervisor Name    | Starting Salary |
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| Job Title                 |                  | Reason for Leaving |                 |
| Duties & Responsibilities |                  |                    |                 |
|                           |                  |                    |                 |

|                           |                  |                    |                 |
|---------------------------|------------------|--------------------|-----------------|
| Employed From<br>/ /      | Employer Name    | Supervisor Name    | Starting Salary |
| Employed Until<br>/ /     | Employer Address | Supervisor Phone # | Ending Salary   |
| Job Title                 |                  | Reason for Leaving |                 |
| Duties & Responsibilities |                  |                    |                 |
|                           |                  |                    |                 |

(Use back of page if more space is needed)

## GENERAL

Yes No

- May we contact your current employer for references?
- If hired as an employee, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A "yes" response does not automatically disqualify your application.)

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by or contract with the Company, I shall be subject to dismissal if any of the information I have given in this application is false or misleading, or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment or contract history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment or contracting decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview or my subsequent association with the Company, is intended to create an employment contract between myself and the Company, unless a written contract is signed by me and the Company. On the contrary I understand and agree that, if hired/contracted, my employment/contract will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Authorization for Background Check

Herby I: \_\_\_\_\_ Authorize  
KM Home Care LLC to obtain my Background Check for Employment purpose.

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security \_\_\_\_\_ DOB: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# EMPLOYMENT DOCUMENTS ATTACHMENT UPLOAD FORM

Please attach clear and legible copies of the required documents listed below. All documents must be current and valid.

## EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please upload the following required documents in the spaces provided below.*

### 1. DRIVER'S LICENSE

*(Front and Back)*



UPLOAD HERE

*(Front)*



UPLOAD HERE

*(Back)*

#### DOCUMENT INFORMATION

State Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### 2. LOCAL SHERIFF BACKGROUND CHECK

*(Upload Document)*



UPLOAD HERE

*(Local Sheriff Background Check)*

#### DOCUMENT INFORMATION

Issuing Agency / Sheriff's Office: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_

Report / Reference Number (if applicable): \_\_\_\_\_

### 3. CERTIFICATE (HHA, RN, LPN, CNA, ETC.)

*(Upload Document)*



UPLOAD HERE

*(Certificate)*

#### DOCUMENT INFORMATION

Certificate Type: \_\_\_\_\_

License / Certificate Number: \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_

## ACKNOWLEDGMENT

I certify that the documents provided are true, correct, and belong to me. I understand that any falsification or misrepresentation may be grounds for disqualification or termination.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Thank you for providing the required documents.*

### FOR OFFICE USE ONLY

Documents Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_