

KIN ON HEALTH CARE CENTER

健安療養院

4416 S. Brandon St., Seattle, WA 98118 (206) 721-3630 Fax (206) 721-3626

Application for Employment

Please Print

Position(s) applied for _____ Date _____

Referral Source Advertisement Employee Relative
 Walk-in Employment Agency

Name of Source (if applicable) _____

FOR OFFICE USE ONLY

Date: _____

Interviewer: _____

Date Hired: _____

Dept: _____ Rate: _____

If PT L/N, choose per diem?

Yes No Rate: _____

Job Title: _____

Status: FT PT > 20 hrs

PT < 20 hrs

Employee No: _____

Name: _____ Name in Chinese (if applicable): _____
Last First Middle

Address: _____
Street City State Zip

Email address: _____ Social Security No: _____

Home/Cell Phone#: _____ / _____ Best time to call you: _____ am/pm

Emergency Contact: (Name) _____ Phone# _____ Relationship with you: _____

May we contact you at work?..... Yes No

If yes, work number and best time to call _____ am/pm

Are you under 18 years of age? Yes No

Have you filed an application here before? Yes No

If yes, give date and position applied _____

Do you have any family member(s) currently working for Kin On? Yes No

If yes, give name(s) of employee(s) _____

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____

Type of employment desired Full-time Part-time Temporary On Call

Work shift preferred Day Shift Evening Shift Night Shift No Preference

Are you on lay-off and subject to recall? Yes No

Are you willing to work overtime if required?..... Yes No

Are you willing to work on Saturdays/Sundays if required? Yes No

Have you ever been addicted to any substance? Yes No

Have you ever been convicted of a felony or misdemeanor in the past seven years?..... Yes No

(Conviction will not necessarily disqualify applicant from employment; failure to disclose information will.)

If yes, please explain _____

Employment History

List your last four (3) employers, assignments or volunteer activities, **starting with the most recent**. Explain any gaps in employment in comment section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

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May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position you are applying _____

Language Skills - List language(s) / dialect(s) you know and check the boxes best describe your skill level

Language / Dialect	Speak Some	Speak Fluently	Read	Write

Educational Background

A. List last three (3) schools attended, **starting with most recent**. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

References

List name and telephone number of three business/work references who are **NOT** related to you.

Name	Telephone	Years Known
	area code ()	
	area code ()	
	area code ()	

List any additional information you would like us to consider _____

I hereby declare all the above information provided by me is true and correct. I understand misrepresentation or omission of facts on this application will be sufficient cause for cancellation of consideration for employment or dismissal from Kin On if I have been employed.

I give Kin On the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Kin On and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date: _____

*** All applications will be kept on files for a period of 6 months from the date of receipt of application. If you have not heard from us within 6 months, please give us a call to see if we still have openings or you may resubmit your application.*

Kin On Health Care Center is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

