



# Kin On Home Care Unit Application Form

Name: \_\_\_\_\_ Chinese Name (if applicable): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

1. Are you over 18 years of age?  Yes  No  
(Washington State regulations require that all home care workers be at least 18 years old.)
2. Are you legally eligible for employment in this country?  Yes  No  
(Upon hire, an I-9 form will need to be submitted for E-verify.)
3. Language Skills:

Language/Dialect	Speak Some	Speak Fluently	Read	Write
_____				
_____				
_____				

4. Level of English Conversation:  Fluent  Speak Some  Not at all

5. Education:

School	Years Completed
_____	_____
_____	_____

6. What type of transportation can you use to travel to work?  
 Private vehicle  Bus Other \_\_\_\_\_

7. Do you have a driver's license?  Yes  No

8. Please check the area that you wish to work:  Chinatown/International District  
 Beacon Hill  Downtown  Eastside  North Seattle  West Seattle  South Seattle  
 Others \_\_\_\_\_

9. Do you have experience of looking after seniors or individuals with disabilities?  Yes  No  
If yes, please explain: \_\_\_\_\_

10. Have you ever received any caregiving training?  No  Yes Type \_\_\_\_\_  
Have you ever passed Home Care Aide exam?  No  Yes Certification?  No  Yes

11. Type of employment desired:  Full-time  Part-time  Weekend

12. Which day(s) of the week you can work?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

13. When will you be able to start working at Kin On? \_\_\_\_\_

14. Employment History:

List your last 2 employment or volunteer activities, starting with the most recent.

a. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

b. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

15. Name of References (Except family members) Phone Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to a comprehensive background check post-employment offer and every two years hence as required by law as a condition of my employment.

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 Application \_\_\_\_\_ Date \_\_\_\_\_

Kin On is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, gender identity and/or expression, creed, national origin, age, disability, genetic information, ancestry, citizenship, marital status, veteran and/or military 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.