



KIN ON

Mailing Address: 4416 S Brandon St, Seattle, WA 98118
Tel: 1-888-721-3634 | Fax: 206-721-3626 | kinon.org

FOR OFFICE USE ONLY

Date _____
Interviewer _____
Date Hired _____
Dept _____
Rate _____
If PT, choose per diem?
 Yes No Rate _____
Job Title _____
Status FT PT > 20 hrs
 PT < 20 hrs
Employee No _____
SSN _____
DOB _____
LIC# _____

APPLICATION FOR EMPLOYMENT

Position(s) applied for _____ Date _____

Program(s) Rehab & Care Center Supportive Housing Home Care
 Other _____

Referral Source Advertisement Employee Employment Agency
 Walk-in Relative/Friends Other

Name of Source (if applicable) _____

Are you currently employed by Kin On? Yes Position _____ No

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

Address _____
Street City State Zip

Email _____ Phone _____ Best time to call _____

Emergency Contact (Name) _____ Phone _____ Relationship _____

May we contact you at work? Yes No If yes, work number & best time to call _____

By law, we are unable to hire anyone under the age of 18, are you under 18 years of age? Yes No

Have you previously been employed by Kin On? Yes No

If yes, please indicate the dates and the role _____

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.

Date available for work _____ Desired salary/rate of pay _____

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

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 non-traditional days and hours, such as weekends and nights if required? Yes No

If applying for a nursing related position, do you have an active RN/LPN/CNA/Administration license? N/A Yes No

If not, provide expected date of completion _____

EMPLOYMENT HISTORY

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

Employer		Summarize the nature of the work performed and job responsibility	
Address and Phone			
Job Title			
Immediate Supervisor and Title			
Reason of Leaving	Dates Employed		
	From		To
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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

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Reason of Leaving	Dates Employed		
	From		To
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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

EDUCATION BACKGROUND

List your last three(3) schools attended.

School	Years Completed	Degree/Diploma/Certificate Received	GPA	Field of Study

REFERENCES

List three (3) business/work references who are NOT related to you.

Name	Title/Company	Phone	Email	Relationship	Years Known

Do you require special accommodation to complete/perform your job? _____

List any additional information you would like us to consider _____

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

Kin On is a no weapons facility. I agree to submit to this condition as part of my visit and employment.

Some positions due to law require an active maintenance of professional license of practice. I agree to release my license number to Kin On to verify records 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 _____

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 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.

FOR OFFICE USE ONLY

Date Application _____ Received by (Name of Staff) _____

Action(s) Taken

Interviewer _____

Date/Time _____

Date/Time _____

Date/Time _____

Results/Comments