



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 Fluently | Speak Some | Read | Write |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

School

Years Completed

6. Do you have relative(s) currently working at Kin On?
If yes, please indicate their name(s): _____
7. What type of transportation can you use to travel to work?
☐ Private vehicle ☐ Bus Other _____
8. Do you have a driver's license? ☐ Yes ☐ No
9. Please check the area that you wish to work: ☐ Chinatown/International District
☐ Beacon Hill ☐ Downtown ☐ Eastside ☐ North Seattle ☐ West Seattle ☐ South Seattle
☐ Others _____
10. Do you have experience of looking after seniors or individuals with disabilities? ☐ Yes ☐ No
If yes, please explain: _____

11. Have you ever received any caregiving training? ☐ No ☐ Yes Type_____

Have you ever passed Home Care Aide exam? ☐ No ☐ Yes Certification? ☐ No ☐ Yes

12. Type of employment desired: ☐ Full-time ☐ Part-time ☐ Weekend

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

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

14. When will you be able to start working at Kin On? _____

15. 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: _____

| 16. Name of References (Except family members) | Phone | Relationship |
|--|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

☐ 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.

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 _____

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.