



*Empowerment for Better Life*

## **Application Check List7878**

- Resume
- Copy of Academic Certificate
- Health Form (Physical PPD, Varicella).
- Social Security Card
- Work Eligibility Proof
- First Aid Certificate and CPR
- Driver's License
- DC Police Clearance
- FBI Background Check
- Direct Deposit Form
- Child Abuse and Neglect Clearance
- Reference letters (2)

### **JOB APPLICATION**



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Kinara Health and Home Care Services LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

**Applicant Information**

**Applicant**

**Name:** \_\_\_\_\_

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

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Employment Position**

**Position(s) applying for:** \_\_\_\_\_

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?



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Salary desired:

\_\_\_\_\_  
\_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for Kinara Health and Home Care Services LLC before?

Yes No

If yes, when?

\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Kinara Health and Home Care Services LLC

Yes No

If yes, state name & relationship:

\_\_\_\_\_

Are you 18 years of age or older?

Yes No

Are you a U.S. citizen or approved to work in the United States?

Yes No

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

Will you consent to a mandatory controlled substance test?

Yes No

Do you have any condition which would require job accommodations?

Yes No

If yes, please describe accommodations required below.

\_\_\_\_\_

\_\_\_\_\_

**Job Skills/Qualifications**



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Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Kinara Health and Home Care Services LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional. )*

**Education and Training**

**High School**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |
|      |                        |                |               |

**College/University**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |
|      |                        |                |               |
|      |                        |                |               |

**Vocational School/Specialized Training**

| Name | Location (City, State) | Year Graduated | Degree Earned |
|------|------------------------|----------------|---------------|
|      |                        |                |               |



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|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

**Military:**

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

**Previous Employment**

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:



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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

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

**References**

Please provide 3 personal and professional reference(s) below:

| Reference | Contact Information |
|-----------|---------------------|
|           |                     |
|           |                     |
|           |                     |

**AT-WILL EMPLOYMENT**

Kinara Health and Home Care Services LLC 7603 Georgia Ave NW Ste 301, Washington, District of Columbia 20012, Tel: 202 506 5529; Fax: 202 506 9999; email [kinarahcs@gmail.com](mailto:kinarahcs@gmail.com); website: [www.kinarahcs.com](http://www.kinarahcs.com)



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The relationship between you and the Kinara Health and Home Care Services LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Kinara Health and Home Care Services LLC. No representative of Kinara Health and Home Care Services LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_