



## EMPLOYMENT APPLICATION

KEY FAMILY CARE LLC is an equal opportunity employer.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone)

Position Desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you eligible to work in the United States? \*YES \*NO

Are you 18 years of age or older? \*YES \*NO Date of Birth: \_\_\_\_\_

Do you have a valid driver's license? \*YES \*NO

Do you have a reliable transportation? \*YES \*NO

Available to work: \*2 - 4 HRS/DAY \*4HRS/DAY \*4 - 8 HRS/DAY \* Live-in \* Other \_\_\_\_\_

## EDUCATION AND TRAINING

School	Location	Highest Grade Completed	Dates Attended	Degree/Certificate

CHHA Training: Location \_\_\_\_\_ Dates of Training: \_\_\_\_\_

Are you licensed or certified? \* YES \* NO

If yes, please circle type of license or certificate held:

(circle) CHHA CNA RN LPN Other: \_\_\_\_\_

Licensed/certificate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Issued by: \_\_\_\_\_

## **PLEASE READ CAREFULLY**

I, \_\_\_\_\_, hereby authorize KEY FAMILY CARE LLC to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination including the reasons for such termination.

I Certify the information contained in this application is true and complete. I understand that false information may be grounds for disqualification for employment or for immediate termination of employment in the future if I am hired. I authorize KEY FAMILY CARE LLC to investigate and verify all information on this application and release from all liability or responsibility for damages all persons, companies or corporations supplying this information. I understand that all references listed above may be contacted in addition to past employers and educational institutions.

I understand that if hired, employment will be AT WILL, meaning employment can be terminated without notice by KEY FAMILY CARE LLC or me at any time for any reason. I understand this application is not a contract or guarantee of employment. I understand that if offered employment, it shall be contingent upon meeting the health requirements of the agency, completing the Employment Verification Form (I-9) satisfactory proof of employment authorization and identity, and a clean criminal background check.

I understand that KEY FAMILY CARE LLC reserves the right to conduct random drug and alcohol screening(s), motor vehicle driving record checks (s) at any time prior to or during employment.

I agree to have my picture taken for identification purposes. I authorize KEY FAMILY CARE LLC to conduct a criminal background check.

I understand the agency is an Equal Opportunity Employer,

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_