



KIN CARE LLC
Employment Application

3050 Navajo Dr. Ste. 108 Prescott Valley, AZ 86314 Ph (928) 775-2057 Fax (928) 775-3701

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Possession of a valid, current Arizona Fingerprint card is required to be considered for employment

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Other Phone _____

Date of Birth: _____ Social Security Number: _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a crime, including any previous involvement as a defendant in professional malpractice litigation? Yes No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

Do you possess an Arizona Fingerprint Clearance Card? Yes No If Yes, expiration date _____

If not, are you willing to obtain one? (There is a \$69 fee) Yes No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Supervisor _____ May we contact? Yes No

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ May we contact? [] Yes [] No
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ May we contact? [] Yes [] No
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Supervisor _____ May we contact? [] Yes [] No
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

THREE PERSONAL REFERENCES (not related to you)

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Kin Care LLC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer, & that failure to abide by such rules will result in termination. I am aware that all new applicants are hired on an on-call basis & there is no guarantee as to the number of hours that will be received. It is further understood that the first 90 days of employment with Kin Care LLC are that of a probationary period.

Signature of Applicant

Date

What days are you available for work?

Monday Time _____

Tuesday Time _____

Wednesday Time _____

Thursday Time _____

Friday Time _____

Saturday Time _____

Sunday Time _____

Are you available to work nights? YES NO

Are you available to work overnights YES NO

Do you speak any other languages? YES NO

If yes, what other languages do you speak? _____

Would you be willing to interpret? YES NO

CONSENT TO DRUG AND ALCOHOL TESTING

Kin Care LLC is committed to providing a safe work environment for all employees and clients. When employees are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves & others in the workplace. Therefore, Kin Care LLC provides a drug & alcohol testing policy in support of a drug free workplace. *Applicant/Employee shall place their initials on the line beside each paragraph below.*

_____ I understand that my offer of employment to me by Kin Care LLC is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized substances in my system. I hereby voluntarily agree, upon a request made by Kin Care LLC drug/alcohol testing policy, to submit to a drug and alcohol test & to furnish a sample of my urine, breath, and/or blood for analysis.

_____ I further consent to a drug test whenever I am involved in an accident causing an injury to anyone or damage to property owned by others or Kin Care LLC and reasonable suspicion exists that drug and/or alcohol use might be a factor.

_____ I understand and agree that if at any time I refuse to submit to a drug and/or alcohol test under Kin Care LLC policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate rejection as an applicant or termination as an employee.

_____ I further understand that the cost involved in the drug and/or alcohol test will be my responsibility initially & Kin Care LLC will reimburse me upon my successful completion of the drug and/or alcohol test.

_____ This policy and authorization have been explained to me in a language I understand and I have been told that if I have any questions about the test or policy, they will be answered.

X _____
Applicant/Employee Signature and Date

X _____
Applicant/Employee Printed Name

X _____
Office Manager Signature and Date

KIN CARE LLC

EMPLOYEE NON-COMPETE AGREEMENT

For good consideration for KIN CARE LLC (Company) to employ _____ (Employee) the undersigned Employee hereby agrees not to directly or indirectly compete with business of the Company and its successors and assigns during the period of employment and for a period of 2 years following termination of employment.

The term “not compete” as used herein shall mean that the Employee shall not own or be competitive with, the present business of the company or such other business activity in with the Company may substantially engage during the term of employment. *That means not providing care-giving services for a client of the company on your own and/or receiving payment of duties privately.*

The Employee acknowledges that the Company shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party, including other agencies.

Employee also agrees that if he or she does take on employment with another company or agency, that conflicts of interest will not arise that affect the care of our clients, (such as cancelling scheduled hours that were already accepted by the employee, to work for another company. This is considered abandonment, & will result in disciplinary action)

This non-compete agreement shall extend only for a radius of 150 miles from the present location of the Company and shall be in full force and effect for 2 years, commencing with the date of employment termination.

This agreement shall be binding upon and inure to the benefit of the parties their successors, assigns and personal representatives. By signing below, I acknowledge that I understand & will abide by the terms listed above.

Signed this _____ day of _____ 20_____.

Employee Printed Name

X_____
Employee Signature

X_____
Kin Care LLC Representative Signature