



KAYD Home Care, LLC
925 Basin Ave., Suite 2
Bismarck, ND 58504
701-255-0300

Employment Application

Applicant Information

Full Name: Date of Application:
Last First M.I.

Address:
Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Have you lived at this address for more than five (5) years? YES NO

If no, provide previous addresses?

Street City, State, Zip

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Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
If yes, provide Alien Number:

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References: Please list three references.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Full Name: Relationship:

Company: Phone:

Address:

Employment (List Current First)

Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
Employment Dates From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
Employment Dates From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone:
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
Employment Dates From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:

Certifications/Licensure

Current certificates or licenses: All professional licenses will be verified at the time of employment:

Type: Organization/State issues: Date Issued: Expiration Date:

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Emergency Contact

Person to notify in
case of emergency:

1. Name: Phone Number:

2. Name: Phone Number:

How did you hear about our company? Online Newspaper Ad Referral by Another Employee

I was referred by:

Disclaimer and Signature

Please attach copies of licensure, any specialty certification or continuing education within the past 2 years, malpractice policy and resume.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, national origin, age, physical or mental limitation unrelated to ability to perform the work required. No questions on this application is intended to secure information to be used for such discrimination.

By my signing below, I authorize the agency to conduct an investigation of all the facts set forth in the application and hereby release the agency, education institutions, former employers, law enforcement authorities, and all references from any liability in connection with such investigation(s). Additionally, I understand that any falsification, willful omission, or material misrepresentation of the information on this application will constitute good cause for the agency to discontinue the processing of this application or terminate my employment.

I understand that I may be required to undergo a pre-employment drug screening and/or physical examination, and any offer of employment is contingent on those results. I agree to provide documentation of my eligibility to work in the U.S. I understand that nothing in the application is intended to offer employment or create an employment contract.

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Confidentiality Agreement

In compliance with government (federal, state, local) rules, regulations and guidelines, as well as professional standards of the health care industry, the nature of services KAYD HOME CARE, LLC provides requires that all client information be handled in a private and confidential manner by all staff and employees.

In compliance with HIPPA regulations, information about our agency, employees or clients will only be released to authorized individuals with prior written client consent. Exceptions to this policy will be explained during our New Employee Orientation. All staff, managers and employees are hereby advised that all agency reports, memoranda, notes, invoices and any other documents will remain a part of the agency's confidential records.

As a condition of employment, the undersigned agrees to abide by the terms of this confidentiality agreement.

Applicant
Signature:

Date:

Printed Name: