KHARIS CARE LLC
CONTRACTOR APPLICATION

Kharis Care LLC is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available:

Position Applied for: _____

Are you authorized to work in the U.S.? YES ☐ NO ☐ Are you at least 18 years of age? YES ☐ NO ☐

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: _____

Diploma? YES ☐ NO ☐ GED? YES ☐ NO ☐

College: _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

Degree/Certification/Accreditation:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: **$** _____ Ending Pay: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: **$** _____ Ending Pay: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay: **$** _____ Ending Pay: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other Information

Do you have a Colorado Driver's License? YES ☐ NO ☐

Kharis Care LLC requires all drivers to be at least 21 years of age. Are you at least 21? YES ☐ NO ☐

Are you comfortable driving a mini-van or large van? YES ☐ NO ☐

If offered a position, I will allow the company to conduct a background check on me? YES ☐ NO☐

Have you ever been involved in an incident involving mistreatment (abuse, neglect or exploitation) of a child, elder, or a person with an intellectual and developmental disability? YES ☐ NO ☐

If yes, please explain:

Check all the days you are available to work: MN ☐ TU ☐ WED ☐ TH ☐ FR ☐ SAT ☐ SU ☐

I am available to work overtime, if needed: YES ☐ NO ☐

Type of employment desired: FULL-TIME ☐ PART-TIME ☐

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position (e.g., CPR/First-Aid, QMAP, CNA, LPN, languages you speak, computer skills, etc.):

Briefly explain your interest in working with Kharis Care LLC and any background (family, relative, volunteer, school, community, work, other) you have interacting with persons with intellectual and developmental disabilities:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements in this application.

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: _____

RETURN COMPLETED APPLICATIONS BY EMAIL, MAIL OR IN PERSON TO:
EVANS AFRIYIE
KHARIS CARE LLC
5523 S TIBET ST
AURORA, CO 80015
khariscarellc@gmail.com