

Elderly Muslim Care Action Network, Inc.

1260 Iroquois Ave. Unit 108, Naperville IL 60563

Phone **(630) 701-7755** Fax **(630) 701-7766,** eMail <u>info@emcan.us</u> Web <u>www.emcan.us</u>

DECLARATION OF EMPLOYMENT

The position of Home Care Aide	is offered to
Starting Date is	Starting Rate is
I have been given a copy of the job de attend all the quarterly trainings, as r	escription and the agency rules for this Position. I will required by the program.
I accept the position	Employee Signature

	Effective Date	Amount Increased	New Rate	
First Increase				
Second Increase				
Third Increase				
Fourth Increase				