



Office Use Only
Date Received:
Application Number:

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name		First	Middle Initial	Date
	Street Address			Home Phone ()	
	City	State	Zip	Cell Phone ()	
	Position(s) Desired			Social Security Number	
	Have you previously been employed with this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			If previously employed with Sunnyhill, Inc., are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If so, dates of employment: From To				
	Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you own or have use of an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If so, when?				
	Have you previously applied with this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you have current auto insurance on the above vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If so, when?				
Do you have any relatives working for this agency? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you on the employee disqualification list of the Division of Aging? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, who?					
Have you ever been convicted of a crime? (please include any convictions or plea of guilty to a misdemeanor or felony charge, any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole). Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:					
How did you hear about this job opening?			When would you be available to begin?		
I authorize Sunnyhill Inc. to obtain my Caregiver Background Screening at the time of my application. Initial: _____					

EDUCATION	SCHOOL	NAME AND LOCATION	Course of Study	No of years Completed	Did you Graduate?	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	What are your future educational plans?					
Please list volunteer involvements over the past five years:						
	Organizations	Positions	Duties			
	_____	_____	_____			
	_____	_____	_____			
	_____	_____	_____			
	_____	_____	_____			

AVAILABILITY

Are you interested in full-time or part-time work?

Would you be willing to work any of the following:

Days?

- Yes
 No

Evenings ?

- Yes
 No

Overnights ?

- Yes
 No

Weekends ?

- Yes
 No

Because Sunnyhill, Inc. has positions available 24 hours per day, please specify AM and PM hours below.

Hours of Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

CERTIFICATIONS

Please list any special qualifications, training, education, skills or experience that you feel may assist in the consideration of employment by this agency. Include your reasons for wanting to work for this agency.

Please list any CPR, First Aid, Med Tech or other relevant Certifications and their expiration dates.

Certification

Expiration Date

Certification

Expiration Date

Certification

Expiration Date

EMPLOYMENT HISTORY

1	Name of Present or Last Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					
2	Name of Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					
3	Name of Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					

EMPLOYMENT HISTORY

4	Name of Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					
5	Name of Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					
6	Name of Employer			Telephone ()		
	Address		City	State	Zip	
	Job Title			Name of Supervisor		
	Employment Dates (Month & Year) Start End		Were you fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Starting Ending	
	Job Description and Responsibilities					
	Explain reason/circumstances for changing or wanting to change jobs					
	If we contact this employer, would you expect them to say they would rehire you for the position last held there? Please Explain.					

REFERENCES

Please list two business references (past supervisors) and two personal references whom we may contact.

Name
Address
City, state, zip
Telephone

Name
Address
City, state, zip
Telephone

Name
Address
City, state, zip
Telephone

Name
Address
City, state, zip
Telephone

SIGNATURE

By signing this application for employment, I certify that I have read and understand all parts of it and certify that I have truthfully and completely answered all questions. I understand that falsification of any of the information given herein or on any other employment form is grounds for immediate termination, regardless of when such falsification may be discovered.

I understand this document discloses that Sunnyhill, Inc. (in compliance with State of Missouri statute 9 CSR 10-5.190) will obtain for employment purposes as part of the pre-employment / pre-volunteering background investigation, a consumer report.

The consumer report may include (but is not limited to): a State Highway Patrol Criminal History Check, a local criminal check and/or FBI record check, Division of Aging Employee Disqualification List and Division of Family Services Employee record check, a Division of Motor Vehicle check, and verification of personal financial information (as required for position). Additional report will include information as to my character and general reputation and statements made by me in my application regarding education and previous employment. All employment/volunteer offers are contingent upon receiving satisfactory results from the consumer reports. As a result, the employment/volunteer offer will be rescinded if the above background checks are not favorable.

I release Sunnyhill, Inc. and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigations.

If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Sunnyhill, Inc. to procure consumer reports at any time during my association with the Agency. I understand that any employment/volunteer position may be terminated if the results of any/all records and reports on me or not favorable.

I agree to comply with all company policies and procedures, and with all rules and regulations made known at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

Signature of Application _____ Date _____

Sunnyhill, Inc. is an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age.



SUNNYHILL, INC
EQUAL EMPLOYMENT DATA

Today's Date: _____

Data provided below is **voluntary**. Sunnyhill, Inc., is an equal opportunity employer. You are invited to provide the information requested below to help us keep affirmative action statistics to comply with various Federal and State reporting requirements.

Your application will not be affected if you respond or decline to respond, as this questionnaire is kept separate from applications.

Name: _____ Sex: Male Female
(Last) (First) (Middle Initial)

Social Security No.: _____ Date of Birth: _____

Race/Ethnic Group (Which racial/ethnic group do you consider yourself a member)

White
A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Black
A person having origins in any of the black racial groups of Africa.

Hispanic
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native
A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliations or community recognition.

Asian or Pacific Islander
A person having origins in any of the original peoples of Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Check if applicable

Vietnam Era Veteran
Military service which was during the period August 5, 1964, through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or released from active duty because of a service connected disability.

Disabled Veteran
Discharged or released from military service because of service connected disability, or rated 30% or more disabled, or rated 10 or 20% disabled under 38 U.S.C., Section 1506, to have a serious employment disability.

Indicate what prompted you to apply for employment with Sunnyhill:

No one referred me, just familiar with the agency

Referred by a friend

Referred by a current or former employee

Newspaper Advertisement

Internet

Career Fair

OTHER: _____