**APPLICATION FOR EMPLOYMENT**

\*\*Please write in **BLACK** or **BLUE** pen.

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| **IMPORTANT INSTRUCTIONS** | | | | | | | |
| Thank you for your interest in applying for a position with SunShine Care, Inc. Personal Care Agency. The information submitted in this application should be complete and accurate. Please relate your background as accurately as possible to the duties and requirements described in the position description. If a question does not apply to you mark N/A (not applicable). You may supplement your application with a resume and other material, but DO NOT insert “See Resume” instead of completing the questions. Please return completed application along with any other material to SunShine Care, Inc.’s office. This application will be valid 1 year from the date received. | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | |
| **TODAY’S DATE (mm/dd/yyyy)** | **POSITON APPLYING FOR** | | | **AVAILABLE STARTING DATE** | | | |
| **LAST NAME** | **FIRST NAME** | | | **MIDDLE NAME** | | | |
| **DATE OF BIRTH (mm/dd/yyyy)** | **SOCIAL SECURITY NUMBER** | | | | | **SEX**  **MALE  FEMALE** | |
| **ADDRESS** | | **CITY** | | | | **STATE** | **ZIP** |
| **HOME PHONE** | | **CELL PHONE** | | | | | |
| **EMAIL ADDRESS** | | | | | | | |
| **Are you at least 18 years of age?** | | | | | **Yes  No** | | |
| **Are you at least 16 years of age? (If applying for PCW position)** | | | | | **Yes  No** | | |
| **Are you a United States Citizen?** | | | | | **Yes  No** | | |
| **If you are not a U.S. Citizen, do you have a valid permit to work in the U.S.?** | | | | | **Yes  No** | | |
| **Do you have a valid driver’s license?** | | | | | **Yes  No** | | |
| **How were you referred to SunShine Care, Inc.?** | | |  | | | | |

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| **WORK EXPERIENCE** | | | | | | | |
| Start with current or most recent employer. Indicate any change in job title under the same employers as a separate position. Please include the phone numbers of your employers. | | | | | | | |
| **Are you currently employed?** | | | | **Yes  No** | | | |
| **Are you currently a student?** | | | | **Yes  No** | | | |
| **May we contact your previous employer(s)?** | | | | **Yes  No** | | | |
| **EMPLOYMENT EXPERIENCE 1** | | | | | | | |
| **EMPLOYER NAME** | **JOB TITLE** | | **TYPE OF BUSINESS** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | | **ZIP** |
| **PHONE NUMBER** | **NAME OF SUPERVISOR** | | **FULL-TIME** | | | **PART-TIME** | |
| **BEGINNING PAY**  $      per  hour  week  other (     ) | | **ENDING PAY**  $      per  hour  week  other (     ) | | | | | |
| **REASON FOR LEAVING** | | | | | | | |
| **EMPLOYMENT EXPERIENCE 2** | | | | | | | |
| **EMPLOYER NAME** | **JOB TITLE** | | **TYPE OF BUSINESS** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | | **ZIP** |
| **PHONE NUMBER** | **NAME OF SUPERVISOR** | | **FULL-TIME** | | | **PART-TIME** | |
| **BEGINNING PAY**  $      per  hour  week  other (     ) | | **ENDING PAY**  $      per  hour  week  other (     ) | | | | | |
| **REASON FOR LEAVING** | | | | | | | |
| **EMPLOYMENT EXPERIENCE 3** | | | | | | | |
| **EMPLOYER NAME** | **JOB TITLE** | | **TYPE OF BUSINESS** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | | **ZIP** |
| **PHONE NUMBER** | **NAME OF SUPERVISOR** | | **FULL-TIME** | | | **PART-TIME** | |
| **BEGINNING PAY**  $      per  hour  week  other (     ) | | **ENDING PAY**  $      per  hour  week  other (     ) | | | | | |
| **REASON FOR LEAVING** | | | | | | | |

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| **EDUCATION** | | | | | | |
| **HIGH SCHOOL** | | | | | | |
| **SCHOOL NAME** | | | | | | |
| **ADDRESS** | | **CITY** | | **STATE** | | **ZIP** |
| **FROM** | **TO** | | **DID YOU GRADUATE?** | | **YES NO** | |
| **ASSOCIATES** | | | | | | |
| **SCHOOL NAME** | | | | | | |
| **ADDRESS** | | **CITY** | | **STATE** | | **ZIP** |
| **FROM** | **TO** | | **DID YOU GRADUATE?** | | **YES NO** | |
| **DEGREE** | | | | | | |
| **BACHELORS** | | | | | | |
| **SCHOOL NAME** | | | | | | |
| **ADDRESS** | | **CITY** | | **STATE** | | **ZIP** |
| **FROM** | **TO** | | **DID YOU GRADUATE?** | | **YES NO** | |
| **DEGREE** | | | | | | |
| **OTHER** | | | | | | |
| **SCHOOL NAME** | | | | | | |
| **ADDRESS** | | **CITY** | | **STATE** | | **ZIP** |
| **FROM** | **TO** | | **DID YOU GRADUATE?** | | **YES NO** | |
| **DEGREE** | | | | | | |

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| **ADDITIONAL INFORMATION** | | | | | | |
| **Have you ever been convicted of a crime or are there any criminal charges currently pending against you?** | | | | **Yes  No** | | |
| **If yes, please list the nature and date(s) of conviction(s) below.**  **(NOTE: The Company does not discriminate on the basis of convictions or pending criminal charges which do not substantially relate to the circumstance of the job at issue.)** | | | | | | |
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| **EMPLOYMENT REFERENCES (LIST 3 REFERENCES)** | | | | | | |
| **REFERENCE 1** | | | | | | |
| **LAST NAME** | **FIRST NAME** | | **TITLE/POSITION** | | | |
| **COMPANY** | | **RELATIONSHIP** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | **ZIP** |
| **PHONE NUMBER** | | **EMAIL** | | | | |
| **REFERENCE 2** | | | | | | |
| **LAST NAME** | **FIRST NAME** | | **TITLE/POSITION** | | | |
| **COMPANY** | | **RELATIONSHIP** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | **ZIP** |
| **PHONE NUMBER** | | **EMAIL** | | | | |
| **REFERENCE 3** | | | | | | |
| **LAST NAME** | **FIRST NAME** | | **TITLE/POSITION** | | | |
| **COMPANY** | | **RELATIONSHIP** | | | | |
| **ADDRESS** | | **CITY** | | | **STATE** | **ZIP** |
| **PHONE NUMBER** | | **EMAIL** | | | | |

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| **APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION** | |
| I certify that the information provided by me on this application, and in any accompanying documents or statements, is true and correct without misrepresentation or omission of any kind. I understand that if any of this information is found to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind, I will be disqualified from consideration for employment or, if hired, will be discharged.  I understand that the Company will verify the information provided on this application including education, employment and criminal conviction information. I authorize all persons, employers, schools, organizations and law enforcement agencies to give any information to the Company that they may have regarding me. I hereby release those persons, employers, schools, organizations and law enforcement agencies, and all individuals connected with them, from all liability, including any claim for damages for releasing this information to the Company.  By signing this application, I understand this application is not intended to be a contract of employment. If I am hired, I understand that, absent a written contract signed by the company’s President which provides otherwise, either I or the Company may terminate the employment relationship with or without notice or cause. | |
| **APPLICANT ELECTRONIC SIGNATURE** | **DATE (mm/dd/yyyy)** |

**To submit this application & BID form (choose one option):**

1. Email to [info@sunshinepersonalcare.com](mailto:info@sunshinepersonalcare.com)
2. Print and mail to the address below.
3. Print and drop off in-person at the address below.
4. Fax to 715-514-5562.