Sunset Staffing LLC Job Application

Sunset Staffing, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name:			
Address:			
City, State and Zip Code:			
Telephone Number:			
Email Address:			
Date of Application:			
Employment Position Position(s) applying for: Medical Staffing (part	t time)		
How did you hear about this position?			
What days are you available for work?			
What hours or shift are you available for work?			
If needed, are you available to work overtime?			
On what date can you start working if you are h	nired?		
Do you have reliable transportation to and from	ı work?		
Personal Information Do you have any friends, relatives, or acquaints	ances working for Sunset Staffing LLC?	Yes	No
If yes, state name & relationship:		<u>-</u>	
Are you 18 years of age or older?		- Yes	No
Are you a U.S. citizen or approved to work in the United States?			No
What document can you provide as proof of citi	izenship or legal status?	_	
		- - Yes	
Will you consent to a mandatory controlled substance test?			No

Have you ever been convi	cted of a criminal offense (felo	ony or misdemeanor)?	Yes No
If yes, please state the nat	ture of the crime(s), when and	where convicted and o	disposition of the case:
The date of the offense,	denied employment solely on the nature of the offense, in and the surrounding circumsta however, be considered.)	ncluding any significar	nt details that affect the
Job Skills/Qualifications Please list below the skills a	<u>s</u> and qualifications you possess	s for the position for wh	ich you are applying:
measures that may be nece possible that a hire may be conducted by a medical pro	C complies with the ADA and essary for eligible applicants/e tested on skill/agility and may ofessional.)	mployees to perform e	ssential functions. It is
Education and Training High School Name	Location (City, State)	Year Graduated	Degree Earned
College/University Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specia	llized Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Military: Are you a member of the A What branch of the military What was your military rar How many years did you s What military skills do you	y did you enlist? nk when discharged?	set for this position?	

<u>Previous Empioyment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Compleyer Neme:	
Employer Name: Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
<u>References</u>	
Please provide 3 personal and profe	ssional reference(s) below:
Reference	Contact Information
AT-WILL EMPLOYMENT	
•	unset Staffing, LLC is referred to as "employment at will." This
	terminated at any time for any reason, with or without cause, with
	t Staffing, LLC. No representative of Sunset Staffing, LLC has
	nt contrary to the foregoing "employment at will" relationship. You
	"at will," and that you acknowledge that no oral orwritten
	rding your employment can alter your at-will employment status
	ned by you and either our Executive Vice-President/Chief
Operations Officer or the Company's	President.
Applicant Signature:	Dated: