

Sunflower Staffing, LLC Application
Please complete in its entirety and email to hr@sunflowerstaffingllc.com

Last Name	_____	First Name	_____
Street Address	_____		
City	_____	State	_____
Phone	_____	Zip	_____
E-mail Address	_____		
Social Security Number	_____		

Date Available for Work	_____	Desired Salary	_____
Position Applying For	_____		
License	RN	LPN	CMA
CNA	License Number _____		

Are you a citizen of the United States?	Y	N	If no, are you authorized?	Y	N
Have you ever filed a work comp claim?	Y	N	If yes, explain.	_____	
Felony convictions?	Y	N	If yes, explain.	_____	

High School	_____	Address	_____
Did you graduate?	Y	N	Degree _____
College	_____	Address	_____
Did you graduate?	Y	N	Degree _____

Prior Work Experience	
Company _____	Phone _____
Address _____	City, State _____
Job Title _____	Supervisor _____
Starting Salary _____	Ending Salary _____
From _____ To _____	Reason for leaving _____
Company _____	Phone _____
Address _____	City, State _____
Job Title _____	Supervisor _____
Starting Salary _____	Ending Salary _____
From _____ To _____	Reason for leaving _____
Company _____	Phone _____
Address _____	City, State _____
Job Title _____	Supervisor _____
Starting Salary _____	Ending Salary _____
From _____ To _____	Reason for leaving _____

References			
Name _____	Phone _____	Years Known _____	
Name _____	Phone _____	Years Known _____	
Name _____	Phone _____	Years Known _____	

Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. 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 _____