

Sunflower Staffing, LLC Application

Please complete in its entirety and email to hr@sunflowerstaffingllc.com

Last Name _____	First Name _____	
Street Address _____		
City _____	State _____	Zip _____
Phone _____	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 _____