

# Sunflower Staffing, LLC

## EMPLOYMENT APPLICATION

### Application Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Date Available: \_\_\_\_\_ S.S. no: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Are you a citizen of the United States?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| If no, are you authorized to work in the U.S.?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please provide copy of documentation.          |
| Have you ever worked for this company?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when? _____                            |
| Have you ever been convicted of a felony?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, explain? _____                         |
| Do you have a current medical license?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Please provide state and license number. _____ |
| Have you ever filed a work comp case?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when and why? _____                    |
| Has a case ever been filed regarding you with any state for investigation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when and why? Also, the outcome. _____ |

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## References

Please provide one professional and one personal reference. They will be contacted.

|            |       |               |       |
|------------|-------|---------------|-------|
| Full name: | _____ | Relationship: | _____ |
| Company:   | _____ | Phone:        | _____ |
| Address:   | _____ | Email:        | _____ |
|            |       |               |       |
| Full name: | _____ | Relationship: | _____ |
| Company:   | _____ | Phone:        | _____ |
| Address:   | _____ | Email:        | _____ |

## Previous Employment (starting with current employer)

|                   |       |             |       |     |       |
|-------------------|-------|-------------|-------|-----|-------|
| Company:          | _____ | Phone:      | _____ |     |       |
| Address:          | _____ | Supervisor: | _____ |     |       |
| Job title:        | _____ | From:       | _____ | To: | _____ |
| Responsibilities: | _____ |             |       |     |       |
|                   |       |             |       |     |       |
| Company:          | _____ | Phone:      | _____ |     |       |
| Address:          | _____ | Supervisor: | _____ |     |       |
| Job title:        | _____ | From:       | _____ | To: | _____ |
| Responsibilities: | _____ |             |       |     |       |
|                   |       |             |       |     |       |
| Company:          | _____ | Phone:      | _____ |     |       |
| Address:          | _____ | Supervisor: | _____ |     |       |
| Job title:        | _____ | From:       | _____ | To: | _____ |
| Responsibilities: | _____ |             |       |     |       |

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Dependability – Travel medical positions require dependable employees. Are you a dependable person? Yes  No

These are travel positions. Do you understand you will be expected to travel to get your shifts, even if there are none available in your general, immediate area? Yes  No

Sunflower Staffing, LLC has a No-Duel Agency Policy. If you were hired by this company, we would ask that you not work for another agency at the same time. Would you agree to that? Yes  No

## 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: \_\_\_\_\_