

SUNRISE MISSION, INC. Application for Employment And Volunteer Service

Applicant Personal Information								
Name (First, MI, Last)				DOB		SSN		
Mailing Address								
City, State, and Zip Code								
Telephone				Cell Phone				
If under 18, please list current age :				Email				
NOTE: If you are under the age of 18, you must provide Authorization to Work (MI CA-6 or CA-7) from your school district prior to engaging in any paid employment activities.								
Job Type								
	r]	Days/hours av	ailable t	o wor	k		
🗌 I have	☐ Mon.	Tues.	□Wed.	Thur	s.	🗌 Fri.	Sat.	Sun.
no								
preference.			- 1-			-1-		
I am seeking a: 🛛 Full-time job			Part-time job		□ Full- or Part-time Date available to begin			
How many hours can you work weekly? Can you work				ork nights?	Date availa	ble to begin		
Additional Information								
Have you ever been employed by this organization in the past?						Yes	□No	
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					nal with	🗌 Yes	□No	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?					🗌 Yes	□No		
If Yes, please explain:								
Do you have a current driver's license?DYesNo				Driver	's lice	nse number	Issued in wh	nat state?
						How many?		
Have you had any accidents or citations during the past three years?								
Yes		No						

Education						
School	Location (mailing ac	ldress)	Years	Major	Degree/ Diploma	
High School						
					🗌 Yes 🗌 No	
					🗌 Yes 🗌 No	
College or Business/Trade	e School					
					🗌 Yes 🗌 No	
					🗌 Yes 🗌 No	
					🗌 Yes 🗌 No	
	Special	Interests				
Military						
Have you even been in the	🗌 Yes	□No	Date entered			
Are you now a member of	🗌 Yes	□No	Discharge dat	e		
Specialty:						

	Work Experience			
Please list work experience for the last 10 years necessary.		ld. Attach additiona	l sheets if	
Company	Name of last supervise	or	Hrs/week	
Address	Start Date	Start Date Starting Salary		
City, State, and Zip Code	End Date	End Date Final Salary		
Phone number	Your last job title	I		
Reason for leaving (be specific)				
List the jobs you held, duties performed, sk at this company.	ills used or learned, advancements o	r promotions while	e you worked	
May we contact this employer?	🗌 No			
Company	Name of last supervise	or	Hrs/week	
Address	Start Date	Starting Sala	Starting Salary	
City, State, and Zip Code	End Date	Final Salary	Final Salary	
Phone number	Your last job title	I		
Reason for leaving (be specific)				
List the jobs you held, duties performed, sk at this company.	ills used or learned, advancements o	r promotions while	e you worked	
May we contact this employer? \Box Yes	🗋 No			

Work Experience (continued)					
Company	Name of last supervi	sor Hrs/week			
Address	Start Date	Starting Salary			
City, State, and Zip Code	End Date	Final Salary			
Phone number	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skill at this company.	ls used or learned, advancements	or promotions while you worked			
May we contact this employer? Yes	No				
References					
Please include name, phone number, and circumstances of your acquaintance. Exclude relatives.					
1.					
2.					
3.					
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.					
Signature		Date			

NOTICE: Sunrise Mission, Inc. requires a background check for all paid and volunteer applicants. Additionally, Sunrise Mission, Inc. a drug-free workplace. As such, we prohibit the use of nonprescribed drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be disciplined in accordance to the policy up to and including termination.