

SONSHINE & HOPE EMPLOYMENT APPLICATION

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Social Security Number _____ Driver's License Number: _____

- If hired, can you provide proof that you are legally able to work in the United States? Yes___ No___

- How were you referred to us?
Advertisement ___ Referral ___ Employment Agency ___ Walk-In ___ Other _____

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment.*
Yes___ No___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

- List any relatives or friends employed by Sonshine & Hope, Inc.:

II. Employment

- Position Desired: _____ Full Time // Part Time

- Salary Desired: _____

- What days and hours are you available for work?

- Are you available to work overtime if necessary?

Yes___ No___

- Are you over 18 years of age?

Yes___ No___

- When are you available to begin work? _____

- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*

Yes___ No___ If No, explain_____

III. Skills

What experience do you have with disabled or terminally ill people?

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

- High School or Trade School

Name & City of School:

Number of Years Completed: _____

Did you graduate?

Yes ___ No ___

Degree(s) or Diploma(s):

Major Field(s) of Study:

- College or University

Name & City of School:

Number of Years Completed: _____

Did you graduate?

Yes ___ No ___

Degree(s) or Diploma(s):

Major Field(s) of Study:

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

- Positions Held

Company Name: _____

Company Address:

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes ___ No ___

May we contact this employer?

Yes ___ No ___

Specific Job Duties:

Reason for Leaving:

- Positions Held

Company Name: _____

Company Address:

Company Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes ___ No ___

May we contact this employer?

Yes ___ No ___

Specific Job Duties:

Reason for Leaving:

▪ Positions Held

Company Name: _____

Company Address:

Telephone Number: (____) _____

Dates Employed: From: _____ To: _____

Salary: _____

Job Title: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer?

Yes___ No___

May we contact this employer?

Yes___ No___

Specific Job Duties:

Reason for Leaving:

VI. Military Service

- Have you served in the military?

Yes___ No___ Dates _____ to _____

If yes, please list skills acquired:

VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

- Name of Reference #1: _____
- Address:

- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address:

- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Sonshine & Hope, Inc. or its agents.

2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Sonshine & Hope, Inc., for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Sonshine & Hope, Inc., my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

3. _____ I understand that Sonshine & Hope, Inc. is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Sonshine & Hope, Inc. has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required

as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.

5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Sonshine & Hope, Inc.. There will be no agreement, express or implied between Sonshine & Hope, Inc. and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Sonshine & Hope, Inc..

6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____

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