

# Sunny Haven Residential Services

## Application for Employment

Position You Are Applying For \_\_\_\_\_

Desired Salary \_\_\_\_\_

Date Available for Work: \_\_\_\_\_

### PERSONAL INFORMATION

|  |  |                   |  |                      |  |        |     |
|--|--|-------------------|--|----------------------|--|--------|-----|
| Last Name  |  |                   |  | First Name           |  | Middle |     |
| Address  |  |                   |  | City                 |  | State  | Zip |
| Home Phone: _____  |  | Cell Phone: _____ |  | Email address: _____ |  |        |     |
| Social Security Number: _____  |  |                   |  |                      |  |        |     |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                   |  |                      |  |        |     |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                   |  |                      |  |        |     |
| If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                   |  |                      |  |        |     |

### EDUCATION

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
|             |          |                |                 |       |
|             |          |                |                 |       |
|             |          |                |                 |       |

Other training, certifications or licenses held: \_\_\_\_\_

### EMPLOYMENT

|   |                             |
|---|-----------------------------|
| Employer: _____   | Dates Employed: _____       |
| Work Phone: _____   | Pay Rate: \$ _____ to _____ |
| Address: _____  |                             |
| City: _____   | State: _____ Zip: _____     |
| Position: _____   |                             |
| Duties Performed: _____   |                             |
| Supervisors Name and Title: _____   |                             |
| Reason for leaving: _____   |                             |
| May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |

### REFERENCES

| Name | Title | Company | Phone |
|------|-------|---------|-------|
|      |       |         |       |
|      |       |         |       |
|      |       |         |       |

### Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_