**Sunshine In Home Care LLC**

**Employment Application**

Date of Application: Click or tap to enter a date.

Date Available for Employment:Click or tap to enter a date.

Position Applying For:Click or tap here to enter text.

Looking For: [ ]  Part Time # of Hours:Click or tap here to enter text.

 [ ]  Full Time # of Hours: Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

 Last Name First Name Middle Initial

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Mailing Address City State/Zip Code

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

 Home Phone Cell Phone Number Email

Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date.

Social Security # Other Languages (written/spoken) Date of Birth

Have you ever been employed here before? [ ] Yes [ ] No If yes, when? Click or tap to enter a date.

Are you legally eligible for employment in the US? [ ] Yes [ ] No

**REFERRAL INFORMATION**

How did you hear about us? (Please check)

 [ ]  Newspaper Ad:Click or tap here to enter text. [ ] Internet: Click or tap here to enter text.

 Which newspaper? Which site?

 [ ]  Current Employee: Click or tap here to enter text. [ ] Other: Click or tap here to enter text.

 We’d like to thank them

**EMERGENCY CONTACT INFORMATION**

Name: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Home Phone Number: Click or tap here to enter text.

Work Phone Number: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Sunshine In Home Care LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

**Employment History -** *Please begin with your most recent or current place of employment.*

Place of Employment: Click or tap here to enter text. Start Date: Click or tap to enter a date.

Address: Click or tap here to enter text. End Date: Click or tap to enter a date.

Position: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Supervisor: Click or tap here to enter text. Salary: Click or tap here to enter text.

Reason for Leaving: Click or tap here to enter text. Final Salary: Click or tap here to enter text.

Place of Employment: Click or tap here to enter text. Start Date: Click or tap to enter a date.

Address: Click or tap here to enter text. End Date: Click or tap to enter a date.

Position: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Supervisor: Click or tap here to enter text. Salary: Click or tap here to enter text.

Reason for Leaving:Click or tap here to enter text. Final Salary:Click or tap here to enter text.

Place of Employment: Click or tap here to enter text. Start Date: Click or tap to enter a date.

Address: Click or tap here to enter text. End Date: Click or tap to enter a date.

Position: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Supervisor: Click or tap here to enter text. Salary: Click or tap here to enter text.

Reason for Leaving: Click or tap here to enter text. Final Salary: Click or tap here to enter text.

**Education** Name & Location Course of Study Years Completed Date Graduated

High School: Click or tap here to enter text.

College: Click or tap here to enter text.

Other: Click or tap here to enter text.

Military Service: Click or tap here to enter text.

Branch of Service: Click or tap here to enter text. Dates of Service: Click or tap here to enter text.

Highest Rank Achieved: Click or tap here to enter text. Currently in a Reserve Unit? [ ] Yes [ ]  No

Special Schooling and/or Duties: Click or tap here to enter text.

**Licenses and Certifications**

 License or Certification ID Number Expiration Date State

1. Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date. Click or tap here to enter text.

2. Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date. Click or tap here to enter text.

3. Click or tap here to enter text. Click or tap here to enter text. Click or tap to enter a date. Click or tap here to enter text.

**Criminal History**

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

 [ ] Yes, [ ] No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

**CERTIFICATION**

I certify that the information on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Sunshine In Home Care LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my regarding my references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Click or tap here to enter text. Click or tap to enter a date.

Employee Candidate Signature Date