



Sunshine Family Care Employment Application

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name			
Address	City	State	Zip
Phone Number		Email Address	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If selected for employment, are you willing to submit to a Pre-employment Drug Screening Test and a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Position

The position you are applying for	Available start date	Desired pay
Employment Desired	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>

Education

School Name	Location	Years Attended	Degree Received	Major

Licenses/Certifications (Professional License/CPR/Case Management etc.)

License/Certification Type	State	Date Obtained	Expiration Date



Sunshine Family Care Employment Application

References (business and professional only)

Name	Title	Company	Phone

Employment History (starting with the most recent)

Employer (1)	Job Title		Dates employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (2)	Job Title		Dates employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (3)	Job Title		Dates employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (4)	Job Title		Dates employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip



Sunshine Family Care Employment Application

Employer (5)			
Employer (5)	Job Title		Dates employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

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 employment being terminated.

Name (Print Name)	Signature
Date	