

***· 620 2nd Avenue · Concordia, KS 66901 · (785) 243-2720 ·***

**Employment Application**

Name Click or tap here to enter text. Contact Number Click or tap here to enter text. Date Click or tap to enter a date.

Address **Click or tap here to enter text.** Social Security # **Click or tap here to enter text.** Referral Source **Choose an item.**

Position Applying For **Click or tap here to enter text.** RN/LPN/CMA/CNA License #:**Click or tap here to enter text.** Are you available to work **Choose an item.**

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? [ ] No [ ] Yes

(Proof of citizenship or immigration status will be required upon employment)

Have you previously been employed with our company? [ ] No [ ] Yes, (please provide dates) **Click or tap here to enter text.**

Are you currently employed? [ ] No [ ] Yes If yes, may we contact your current employer? [ ] No [ ]  Yes

Have you ever worked under another name? [ ] No [ ] Yes, please list (information used for reference checking) **Click or tap here to enter text.**

Have you ever been convicted of a felony or misdemeanor? [ ]  No [ ] Yes, please explain **Click or tap here to enter text.**

On what date would you be available to work? **Click or tap to enter a date.** What are your salary requirements? **Click or tap here to enter text.**

**Employment Experience - List your previous employment starting with your current or last job.**

**Employer** Click or tap here to enter text. Job Title Click or tap here to enter text.

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

Telephone Click or tap here to enter text. Dates Employed Click or tap here to enter text. Starting/Ending Wage Click or tap here to enter text.

Work Performed Click or tap here to enter text.

Reason for Leaving Click or tap here to enter text.

**Employer** Click or tap here to enter text. Job Title Click or tap here to enter text.

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

Telephone Click or tap here to enter text. Dates Employed Click or tap here to enter text. Starting/Ending Wage Click or tap here to enter text.

Work Performed Click or tap here to enter text.

Reason for Leaving Click or tap here to enter text.

**Employer** Click or tap here to enter text. Job Title Click or tap here to enter text.

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

Telephone Click or tap here to enter text. Dates Employed Click or tap here to enter text. Starting/Ending Wage Click or tap here to enter text.

Work Performed Click or tap here to enter text.

Reason for Leaving Click or tap here to enter text.

**Special skills and Qualifications – Summarize special skills and qualifications pertaining to desired position.**

Click or tap here to enter text.

**Education**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **High School** | **College/University** | **Professional/Trade** |
| **School Name** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Years Completed** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Diploma/Degree** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Course of Study** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Honors Received** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**References**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Telephone Number** |
| 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. | 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. | Click or tap here to enter text. |

**Use this space to state any additional information you feel may be helpful in considering your application.**

Click or tap here to enter text.

This home does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability to perform the work required. No question on this application is intended to secure information to be used for discrimination. It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from employer’s service if I have been employed. Furthermore, I understand that, just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, without cause and without prior notice.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical and/or examination as may be required by this home at such times and places as the home shall designate. If employed, the home reserves the right to test me for the presence of drugs in compliance with the home’s substance abuse policy.

If employed, I will be required to complete an Employment Verification Form (I-9), and within in three days show satisfactory evidence of identity and eligibility for employment. I understand and consent to the new pre-employment laws requiring Sunset Home Inc. to request a criminal background check and agree to fill out the accompanying form providing all aliases I have been known under. Sunset Home is conditionally employing pending the results of the criminal background check. I also have the right to access the Kansas Department of Health and Environment who provides the information of the background check. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

If my position requires a current Kansas license or certification, I understand I must provide a copy for my personal record.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY UPON HIRE**

Date of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status (Please Circle): Full-Time Part-Time PRN

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY UPON HIRE**