



sundy house

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address			City/State		Zip Code		Phone Number:
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time ____ Part Time ____			
Have you ever been convicted of, pled nolo contendere to, been placed on probation for, or had adjudication withheld for the commission of a crime? Answering yes will not automatically disqualify you from employment.			If yes, please describe:				
Date you can begin work?		Are you 18 years of age or older? ____		Have you ever been employed by the Sundy House? Yes ____ No ____			
Name of high school attended:		City & State		Graduate?	GED?		
Name of college or technical school:		City & State		Graduate?	Degree?	Major:	
Are you presently enrolled in school?		If yes, give name & address of school and expected degree date:					
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Give Three References That Are Not Former Employers Who We May Contact -							
Name and Occupation		How do you know them, and for how long?				Phone Number	

Your Employment History

List names of employers with present or last employer listed first.

Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give this Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand that my employment with this Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the company handbook or manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that any offer of employment is contingent upon a satisfactory completion of a drug screen arranged and paid for by the Employer as well as a successful criminal background check. A driver record check may also be applicable.

I release the Employer from any claims related to the cause of action upon the administration of pre-employment screening and results of the same.

AN EQUAL OPPORTUNITY EMPLOYER – A DRUGFREE WORKPLACE

Signature:	Date:
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Please fax application to 561-272-1115