



APPLICATION FOR EMPLOYMENT

Sunshine Village is an equal opportunity employer. Our organization is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, disability, ancestry, protected genetic information, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job related factors and experience. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

(PLEASE PRINT) _____ Date of Application _____

Position(s) Applied For _____

Referral Source Advertisement Friend Relative Walk-in Internet Other (Specify below)

Name of Referral Source _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone () _____ Email Address: _____

Are you over 18? Yes No

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Are you legally eligible for employment in the United States? Yes No

Were you ever employed here before? Yes No
If so, date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

(Proof of authorization to work and of your identity will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Temporary Over-time

Can you travel locally if a job requires it? Yes No

For Driving/Transportation Positions (Only)

Driver's License Number _____

State Issued: _____

Expiration Date: _____

Have you had your Driver's License Suspended or revoked in the past 3 years? Yes No

If yes, give details: _____

Have you had any Moving Violations or Accidents in the past 3 years? Yes No

If yes, give details: _____

Military

Are you a Veteran of the U.S. Military: Yes No

If yes, branch: _____

Please describe any special skills or training acquired while in the service: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience: (Include Computer Skills/Experience)

Do you speak other languages? If yes, please indicate language and level of proficiency:

Verifiable Volunteer Work (if applicable)

Please list any verifiable volunteer work below: (applicant need not list the Organizational names that would indicate possible membership in a protected class such as race, color, religion, sex or national origin)

Organization Name Contact Name Phone Number

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Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor			
Reason for Leaving			

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Address	From	To	
Job Title			
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Education

	High School	College/University	Graduate/Professional
Name of School:			
Years Completed (circle one)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Course of Study:			
Describe specialized training, apprenticeship, skills and extra-curricular activities and honors received			

Agreement

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date

PLEASE NOTE

This application for employment will be kept on file for 1 year only.
For consideration after 1 year, please complete a new application for employment.