



Sun Street Centers
An Equal Opportunity Employer
Employment Application

Date: _____

Name: _____
Last First MI

Business Telephone: () _____ Home Telephone: () _____ Cell Phone: () _____

Address: _____
Number Street City Zip

Employment Desired

Position applying for: _____

Are you applying for? Regular full-time work Regular part-time work Temporary work

What days and hours are you available for work?

Days: _____ Hours: _____

Are you available on weekends? Yes No Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____ Salary desired: _____

Personal Information

Have you ever work for Sun Street Centers? Yes No If yes, when? _____

Do you have friends or relives working for Sun Street Centers? Yes No If yes, who? _____

Why are you applying for Sun Street Centers? _____

If hired, would you have a reliable means for transportation to and from work?..... Yes No

If hired, can you present evidence of your U.S. citizenship or proof of legal right to work in this country Yes No

Are you at least 18 years old? (if under 18, hire is subject to verification of minimum legal age.)..... Yes No

Are you able to perform the essentials functions of the job for which you are applying?..... yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?..... Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case(s): _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may be considered)

Are you currently employed? Yes No If so, may we contact your employer?..... Yes No

Military Service

Have you ever obtained any special skills or abilities as the results of services in the military?..... Yes No

If so, describe: _____

Employment History

List below all present and past employment starting with most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Attach additional pages if needed.

Name of Employer: _____

Address: _____
 Number Street City State Zip

Type of Business: _____

Telephone No: () _____ Name of Supervisor: _____

Your Position: _____ Duties: _____

Dates of Employment: _____ From: _____ To: _____

Salary: Weekly Monthly Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
 Number Street City State Zip

Type of Business: _____

Telephone No: () _____ Name of Supervisor: _____

Your Position: _____ Duties: _____

Dates of Employment: _____ From: _____ To: _____

Salary: Weekly Monthly Starting: _____ Ending: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
 Number Street City State Zip

Type of Business: _____

Telephone No: () _____ Name of Supervisor: _____

Your Position: _____ Duties: _____

Dates of Employment: _____ From: _____ To: _____

Salary: Weekly Monthly Starting: _____ Ending: _____

Reason for Leaving: _____

Education, Training and Experience

School	Name and address	No. of Years	Graduate?	Degree/Diploma
High School			Yes ___ No ___	
College			Yes ___ No ___	
Vocational			Yes ___ No ___	
Other			Yes ___ No ___	

Many of our clients do not speak English. Do you speak, write or understand any foreign language?.....Yes No

If yes, which languages? _____

Do you have any other experience, training, qualifications or skills which you feel make especially suited for work at Sun Street Centers? If so please explain: _____

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job you are applying for?Yes No

Name of license/certification: _____

Issuing State: _____ License/Certification Number: _____

Has your license ever been revoked or suspended?Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement: _____

References

List three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Address: _____
Address Street City State Zip

Occupation: _____ Telephone No. () _____

Name: _____

Address: _____
Number Street City State Zip

Occupation: _____ Telephone No. () _____

Name: _____

Address: _____
Number Street City State Zip

Occupation: _____ Telephone No. () _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claim, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal, internal resolution which might arise out of my employment with the company, whether, during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under rules of the American Arbitration Association. This application contains the entire agreement between the parties with regards to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. Employment at Sun Street Centers is employment at-will. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or by SSC. In addition, I understand and agree that if am employed, my employment is for no definite determinable period and that no promises or representations contrary to foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. Only the executive Director or Board of Directors of SSC has the authority to make any such agreement and then only in writing.

Applicant's Signature

Date

Thank you for considering an employment opportunity with Sun Street Centers.