



# SUNNY OAKS INC. APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

DATE OF APPLICATION: \_\_\_\_\_

**NAME** \_\_\_\_\_

Other names you are known by \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_  
City State Zip Code

Mailing address (if different from above) \_\_\_\_\_

**TELEPHONE** ( ) \_\_\_\_\_ **E-mail address** \_\_\_\_\_

Referral Source (check all that apply):

Advertisement  Employment Agency  Walk-in

Friend  Relative If so, who referred you? \_\_\_\_\_

If you have been referred by a Sunny Oaks, Inc. employee, they may be eligible for a referral bonus.

Other (please specify) \_\_\_\_\_

Have you ever applied at or been employed by Sunny Oaks?  YES  NO

**Type of work desired:** \_\_\_\_\_

**DATE AVAILABLE FOR EMPLOYMENT** \_\_\_\_\_

Are you available to work:  Full time  Part time  Overtime  On-call  
 Day shift  Swing shift  Graveyard  Saturday  Sunday

Are you 18 years of age or older?  YES  NO

Are you currently authorized to work in the United States?  YES  NO

Do you have a valid  driver's license or  state issued ID card? We will conduct a check of your driving record.

License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  YES  NO

Have you ever been the subject of a Protective Services investigation where there were substantiated charges of abuse or neglect? (Please note that a "YES" answer will not automatically bar you from consideration for employment. This depends on the type of substantiated charge.)

YES  NO

If YES, please explain: \_\_\_\_\_

May we contact your present employer?  YES  NO

All applicants will be considered without regard to race, age, color, national origin, religion, sex or other protected statuses or characteristics in accordance with applicable federal and state equal employment opportunity laws.

**EDUCATION**

High school name: \_\_\_\_\_ Years completed [ ] 9 [ ] 10 [ ] 11 [ ] 12

College name: \_\_\_\_\_ Years completed [ ] 1 [ ] 2 [ ] 3 [ ] 4

Grad. school name: \_\_\_\_\_ Years completed [ ] 1 [ ] 2 [ ] 3 [ ] 4

Course of study: \_\_\_\_\_ Degree received: \_\_\_\_\_

If not a high school graduate, do you have a GED certificate? [ ] YES [ ] NO

**SPECIAL SKILLS QUALIFICATIONS AND CONSIDERATIONS**

Summarize special skills and qualifications, volunteer activities or other activities related to the job you are seeking:

---

---

---

List any professional licenses/certifications you have acquired, the date obtained, expiration date and identification number:

---

---

---

Military Experience: List the service branch, service dates, job title, highest rank achieved and type of discharge/separation:

---

---

---

**REFERENCES**

List 3 non-relative individuals not otherwise listed who are familiar with your qualifications, actual work history and ability.

Name	Occupation/Relationship	Years Known	Telephone + area code and city
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. List your last 4 jobs in order. Do not leave out any job. Attach additional sheets if needed. Be sure you list enough experience to qualify for the position for which you are applying.

From mo./yr. \_\_\_\_\_ until mo./yr. \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From mo./yr. \_\_\_\_\_ until mo./yr. \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From mo./yr. \_\_\_\_\_ until mo./yr. \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From mo./yr. \_\_\_\_\_ until mo./yr. \_\_\_\_\_ Position \_\_\_\_\_  
Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_  
Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETE, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize, without reservation, any of the persons or organizations named in this application, any law enforcement agency, administrator, state agency, institution, insurance company or agent for this organization, information service bureau or employer contacted by Sunny Oaks, to give you complete information and records regarding my employment, education, character, motor vehicle operation history and qualifications.

I understand that a criminal records check WILL be conducted on me.  YES  NO

I further acknowledge that a telephonic facsimile (FAX) or photographic copy of documents shall be as valid as the original. This release includes all state and federal agencies.  YES  NO

I understand that if I am hired, my employment will be on an at-will basis. I recognize that if am hired, my employment can be terminated at any time, with or without notice, for any reason not prohibited by law.  YES  NO

I also understand that no representative of this organization has any authority to enter into any employment agreement for any specified period of time or to assure me of any future position, benefits or terms and conditions of employment, except the Director, and then only in writing.  YES  NO

Incomplete applications will not be considered.

I have read, understand and agree with the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed I will submit a new application.

Official Use Only:

Date Received: \_\_\_\_\_ Date due to be Archived/Destroyed: \_\_\_\_\_

## Application for Employment Addendum

Have you ever been found to have to have committed abuse? Please check YES or NO for each of the following descriptions:

- YES    NO        Physical Injury  
            A. Caused physical injury to an adult or elderly person by non-accidental means.
- B. Caused physical injury to an adult or elderly person by means which appeared to be at variance with the explanation given of the injury.
- C. Willfully inflicted physical pain or injury upon an adult or elderly person.

- YES    NO        Neglect  
            A. Failed to provide the care, supervision or services necessary to maintain the physical and mental health of an elderly person or a person with a developmental disability that may have resulted in physical harm or significant emotional harm to the elderly person.
- B. Failed to make a reasonable effort to protect an elderly person or a person with a developmental disability from abuse.
- C. Withheld the services necessary to maintain the health and well-being of an adult which led to the physical harm of an adult.
- D. Abandoned, including deserted or willfully forsaken an elderly person or a person with a disability or withdrew or neglected duties and obligations owed to that person.

- YES    NO        Verbal Abuse  
            A. Threatened significant physical or emotional harm to an elderly person or a person with a developmental disability through the use of derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule.
- B. Threatened significant physical or emotional harm to an elderly person or a person with a developmental disability through the use of harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

- YES    NO        Financial Exploitation  
            A. Wrongfully took the assets, funds or property belonging to or intended for the use of an elderly person or a person with a developmental disability.

YES NO

B. Alarmed an elderly person or a person with a developmental disability by conveying a threat to wrongfully take or appropriate money or property of the person if the person would reasonably believe that the threat conveyed would be carried out.

C. Misappropriated, misused or transferred without authorization any money from any account held jointly or singly by an elderly person or a person with a developmental disability.

D. Failed to use the income or assets of an elderly person or a person with a developmental disability effectively for the support and maintenance of the person.

YES NO Sexual Abuse

A. Engaged in sexual contact with an adult or elderly person who did not consent or was considered incapable of consenting to a sexual act.

B. Sexually harassed, sexually exploited or inappropriately exposed an adult or elderly person to sexually explicit material or language.

C. Engaged in sexual contact with an adult or elderly person served by a facility or caregiver while working as an employee of the facility or caregiver.

D. Any sexual contact between an elderly person and a relative of the elderly person other than a spouse.

E. Engaged in sexual contact achieved through force, trickery, threat or coercion.

YES NO Other Abusive Conduct

A. Involuntarily secluded an elderly person or a person with a developmental disability for your own convenience or the convenience of another caregiver.

B. Involuntarily secluded an elderly person or a person with a developmental disability for purposes of discipline.

C. Physically or chemically restrained an elderly person or a person with a developmental disability, excluding an act of restraint prescribed by a licensed physician and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.

D. Committed an act against an elderly person or a person with a developmental disability that constitutes a crime.

YES NO

E. Caused the death of a person 18 years of age or older, who had a developmental disability and was receiving services from a community program or facility or was previously determined eligible for services as an adult by a community program or facility, by other than accidental or natural means.

F. Caused the death of a person 18 years of age or older, with a mental illness who was receiving services from a community program or facility, by other than accidental or natural means.

I understand that if I am employed, any misrepresentation or material omission made by me on this addendum will be sufficient cause for cancellation of this application and immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this addendum. I hereby release from liability the employer and its representatives for seeking, gathering and using information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This addendum does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent that I have read and understand the foregoing and seek employment under these conditions.

---

Signature of Applicant

---

Date