



# Application for Employment

9525 Wilcrest Drive, Houston, TX 77099  
Tel: 346-312-5728 or Direct: 832-794-2100  
Website: www.sunriseactivity.com

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (Apt) City/State Zip

Alternate Address: \_\_\_\_\_  
Street City/State Zip

### Contact information:

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about our company? \_\_\_\_\_

POSITION SOUGHT: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Desired Pay Range: (Hourly or Salary) \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

## EDUCATION

Name and Location	Graduate? - Degree?	Major / Subjects of Study
<b>High School</b>		
<b>College or University</b>		
<b>Specialized Training, Trade School, etc.</b>		
<b>Other Education</b>		

Was your last name different from your present name during the above listed jobs?

Yes  No

If yes, what was your name? \_\_\_\_\_

Are you currently employed?  Yes  No

Do you have reliable transportation?  Yes  No

## PREVIOUS EXPERIENCE

Please list beginning from most recent.

Dates Employed	Company Name	Location	Role / Title

Job notes, tasks performed and reason for leaving:

\_\_\_\_\_

Dates Employed	Company Name	Location	Role / Title

Job notes, tasks performed and reason for leaving:

\_\_\_\_\_

Dates Employed	Company Name	Location	Role / Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role / Title

Job notes, tasks performed and reason for leaving:

### CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience.

### EMPLOYEE EMERGENCY CONTACT INFORMATION

\*In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

### PROFESSIONAL REFERENCES

Persons who can furnish information about job performance

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency?

Yes  No

Conviction will not necessarily disqualify an applicant from employment. If yes, describe in full:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

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 shall inquire as to whether or not applications are being accepted at that time.

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

## APPLICANT REFERENCE CHECK

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**To be completed by previous employer:**

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Would you rehire this individual?  Yes  No

Responsibilities:

Reason for Leaving:

Rate of Pay: (weekly/biweekly/salary) \_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_

**Reference check performed by:** \_\_\_\_\_

## INTERVIEW REVIEW

Applicant's Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Days and Hours available:  M  Tu  W  Th  F  Sa  Su

### Review:

#### Personality:

friendly  average  quiet

#### Verbal skills:

excellent  average  poor

#### Communicates:

clear  somewhat clear  poor

#### Flexibility:

very flexible  somewhat  not flexible

#### Skill level:

higher skilled  moderately skilled  lower skilled

#### Appearance:

professional  semi-professional  not professional

Good Candidate for employment:

Yes  No

Overall Interview:

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_