

Sunset Home, Inc.

620 2nd Avenue · Concordia, KS 66901 · **(785) 243-2720** ·

Employment Appl	ication					
Name		Contact Number	Date			
(Last)	(First)	(MI) Social Securit				
Referral SourceA	dFriend/Relative	.Walk inEmployeeEmployment Age	лсу Other:			
Position Applying For	r	RN/LPN/CMA/CNA License	e #:			
		ployed in this country because of visa or imm				
	(Proof of citizer	nship or immigration status will be required upon emplo	pyment)			
Have you previously	been employed with our co	ompany?NoYes, (please provide	dates)			
Are you currently em	iployed?NoYes	If yes, may we contact your current en	nployer?NoYes			
Have you ever worked under another name?NoYes, please list (information used for reference checking)						
Have you ever been o	convicted of a felony or mi:	sdemeanor?NoYes, please explair	1			
Are you available to v	workFull timePart `	Time Temporary				
On what date would	you be available to work?	What are your	salary requirements?			
		- List your previous employment starting				
		Job Title				
		Supervisor				
		s Employed Sta				
Work Performed						
		Reason for Leaving				
		s Employed Sta				
		Reason for Leaving				
		Job Title				
		Supervisor				
Telephone	Dates	s Employed Sta	arting/Ending Wage			
Work Performed						
		Reason for Leaving				

Special skills and Qualifications – Summarize special skills and qualifications pertaining to desired position.				
		1000		
		<u>Education</u>		
	High School	College/University	Professional/Trade	
School Name				
Years Completed				
Diploma/Degree				
Describe Course of Study: _			- 33	
Honors Received:				
		References		
Give name, address, a	and telephone number of t	three references (for example: mar	nagers, teachers, co-workers).	
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s				
Use this space to s	tate any additional inform	ation you feel may be helpful in co	nsidering your application.	
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perform the work required. No questio on this application will be sufficient cau:	n on this application is intended to secure se for cancellation of this application and/	e, color, sex, citizenship, national origin, ancestry, or on information to be used for discrimination. It is understoor separation from employer's service if I have been employer at at any time, without cause and without prior not	ood and agreed that any misrepresentation by me ployed. Furthermore, I understand that, just as I a	
responsibility all persons, companies or	corporations supplying such information.	past employment and activities, agree to cooperate in su I consent to take the pre-employment physical and/or e es the right to test me for the presence of drugs in comp	examination as may be required by this home at	
understand and consent to the new pre aliases I have been known under. Sunse Health and Environment who provides t	employment laws requiring Sunset Home et Home is conditionally employing pendin the information of the background check.	, and within in three days show satisfactory evidence of line. to request a criminal background check and agree tig the results of the criminal background check. I also ha This application for employment shall be considered act Id inquire as to whether or not applications are being ac	o fill out the accompanying form providing all we the right to access the Kansas Department of ive for a period of time not to exceed 45 days. Am	
If my position requires a current Kansas	license or certification, I understand I mus	st provide a copy for my personal record.		
Applicant's Signature _			Date	

FOR OFFICE USE ONLY					
Employed: Yes No	Date of Employment:				
Job Title:	Department:				
Hourly Rate/Salary:					
Department Head Signature:	Date:				
Administrator Signature:	Date:				
FOR OFFICE USE ONLY					

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