



Application for Employment
402 E Holland Avenue - Alpine, TX 79830

Telephone 432-837-5402

Personal Information (Please print using black ink) Sunshine House, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.			
Last Name	First Name	Middle Name	Today's Date
List any other names used if different from name on this application.			
Mailing/Street Address	City	State	Zip Code
Home Addresses for Past 2 Years			
Address _____ City _____ St _____ Zip _____ Length of time _____			
Address _____ City _____ St _____ Zip _____ Length of time _____			
Daytime Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
email: _____			
Are you 18 or over? ____Yes ____No		Applying for: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Current Driver's License# _____			
Do you speak a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language do you speak? _____			
Do you write in a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which language _____			
Job may require overtime. Are you willing to work overtime if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Title of Position Applying For			Date Available to Work
Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates and details:			
Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.			
Have you been previously interviewed or employed by the Sunshine House, Inc.? ____Yes ____No			
If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Sunshine House, Inc. ____Yes ____No			
If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History <small>A RESUME MAY BE ATTACHED BUT IS NOT ACCEPTABLE IN LIEU OF COMPLETING THIS APPLICATION. Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary)</small>		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include office equipment you can operate, Microsoft Office proficiency level, QuickBooks, other skills, special training, etc.)

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Affidavit – Applicant’s Statement

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U. S.
3. I understand that Sunshine House, Inc. will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I have read and understand the above.

I also certify that answers given herein are true and complete to the best of my knowledge.

Signature _____

Date _____

****Please attach a copy of your driver’s license.**

Office Use Only:

_____ DPS Background Check

_____ EMR

_____ LEIE

Pulled by: _____ Date: _____

_____ MOW Volunteer Training Information Form

_____ W4 Form Completed & Signed

_____ Confidentiality Policy Signed

_____ I9 Form Completed & Signed by

_____ Elder Abuse, Neglect & Exploitation Signed

Employee & Executive Director

Date Hired: _____ First Day of Work: _____

Executive Director: _____ Date: _____