



Employment

Application

OUR MISSION:

SUNNYSIDE CARE CENTER BUILDS COMMUNITIES OF COMPASSION AND SUPPORT TO ENRICH THE LIVES OF OLDER ADULTS AND OTHERS WE SERVE.



Please answer all questions completely in your handwriting in ink. Resumes are not accepted in lieu of completion of this application; they may be attached for additional reference.

PERSONAL INFORMATION				
Last Name	First	Middle	Date	
Street Address			Home Phone ()	
City	State	Zip	Alternate Phone ()	
Have you ever been convicted of a felony or released from prison in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case: (Convictions will not necessarily disqualify you for the position)				
Have you ever applied for employment with Sunnyside Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for Sunnyside Care Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" when/what position?:		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT INTERESTS				
Position Desired		Salary Desired	Date Available	
Type of Employment Desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____		Days/hours available for work Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>		
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____				
EDUCATION INFORMATION				
School Level	Name and Location of School	Course of Study	Did you Graduate?	Degree or Diploma?
High School			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y	
			<input type="checkbox"/> N	
Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at Sunnyside Care Center? (Explain)				
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				
Type <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN	State Issued	Expiration Date	Number	

EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.	
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving		
Supervisor Name				May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.	
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving		
Supervisor Name				May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.	
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving		
Supervisor Name				May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.	
Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
Job Title	Duties			Reason for leaving		
Supervisor Name				May we contact this employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REFERENCES

	Name	Company	Title	Phone (include area code)
1				
2				
3				

ACKNOWLEDGEMENT

Please read carefully and sign below

I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Sunnyside Care Center with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.

In consideration of employment, I agree to obey the rules and standards of Sunnyside Care Center. I understand that nothing contained in this application or in the interview process is intended to create a contract between Sunnyside Care Center and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or Sunnyside Care Center. This constitutes my entire agreement with Sunnyside Care Center with regard to the length of my employment.

I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.

Applicant Signature:

Date:

Sunnyside Care Center is an equal opportunity employer. Applicants are considered for all positions and employees are treated equitably during their employment without regard to their race, color, creed, religion, sex, national origin, age, marital status, affect ional preference, disability, military status, or status with regard to source of income. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.



Thank you for your interest in Sunnyside Care Center.

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www.sunnysidecarecenter.com