

Application For Employment



**SUNSHINE MEADOWS
RETIREMENT COMMUNITY**

400 S. Buhler Rd, Buhler, KS 67522

• (620)543-2251 • FAX (620) 543-2328

Buhler Sunshine Home, Inc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Referred By _____

Last Name	First Name	Middle Name
Address Number	Street	City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? (If Yes, give date) _____ Yes No

Have you ever been employed with us before? (If Yes, give date) _____ Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

What shifts are you willing to work? 1st Shift 2nd Shift 3rd Shift

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

*Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? Yes No

*Have you ever been convicted of or adjudicated as a juvenile for a crime against a person? Yes No

*Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No

*If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/ or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military

List profession, trade, business

Employment Experience

Start with your present or last job and include at least six employers.

1. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
2. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
3. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
4. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
5. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
6. Employer		<u>Dates Employed</u>		Work Performed
Address		From	To	
Telephone #s		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Check Skills/Equipment Operated

OFFICE

- Fax
- Computer
- Microsoft
- Typewriter

NURSING

- Wear Gait Belt
- Wear Lumbar Support
- Use Hoyer Lifts
- Skilled Care Equipment

COMMERCIAL EQUIPMENT

- Lawn Mowers/Trimmers
- Laundry Equipment
- Kitchen Equipment
- Floor Care Equipment

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Phone: _____

Address: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

YES NO Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

A description of the activities involved in such a job or occupation is attached.

PROFESSIONAL REFERENCES:

1. _____ (Name) _____ (Relationship) _____ (Phone #)

(Address)

2. _____ (Name) _____ (Relationship) _____ (Phone #)

(Address)

3. _____ (Name) _____ (Relationship) _____ (Phone #)

(Address)

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. As condition for employment, we will conduct a drug test, a criminal background check, and review the history of any work related injuries.

This application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I, the undersigned, hereby authorize the release of information related to my employment. I will save Sunshine Meadows Retirement Community, any previous employer or their employees, harmless from the exchange of such information. I further relinquish any and all rights or claims to proceedings of any nature related to the exchange and consideration of such information.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

Full-Time _____ Part-Time _____ Shift: _____

NOTES: _____

By _____

Name and Title

Date