



Employment *Application*  
**SUNSHINE HOME HEALTH CARE, INC.**  
Offering Alternatives for the Patient & the Caregiver

Thank you for inquiring about current positions with Sunshine Home Health Care. Our job openings are ever-changing. We are committed to providing a caring supportive environment where team members can grow and develop their careers. Your application is important to us. Please complete all documents. Incomplete applications cannot be processed. We consider applicants for all positions without regard to age, race, color, religion, sex, sexual, orientation, national origin, marital status, veteran status, or any other legally protected status. It is critical that all questions be considered for serious consideration of your employment with us.

Personal Information			Date : ____/____/____	
Last name :			Middle initial :	First Name :
Address :				
Home Phone : (____) ____-____		Mobile Phone : (____) ____-____		
Are you over 18 years of age? ( ) yes ( ) no		Social Security Number :		

Employment Information	
Position desired :	( ) Part time ( ) Full time
Earliest date available - to begin working : ____/____/____	
Select Shift Desired : ( ) Day Shift	
Select Coverage Areas : ( ) San Mateo County ( ) Santa Clara County ( ) San Francisco County ( ) Alameda County	
Are you or have you ever been employed by any facility location or subsidiary of this company? ( ) yes ( ) no <i>If so, in what capacity :</i>	
Are you related to anyone currently employed at Sunshine Home Health Care? ( ) yes ( ) no	

If yes, state their name, job title, and relationship in the space below :

Name :	Job title :	Relationship :
--------	-------------	----------------

Please indicate time availability for each day of the week :

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you authorized to work in the U.S. on an unrestricted basis? ( ) yes ( ) no

If hired, can you submit proof of legal right to work in the U.S.? ( ) yes ( ) no

*If you are selected for the position, you will be required to produce original or certified documents establishing your identity and employment eligibility on your date of hire.*

Do you presently have any criminal charges pending against you? ( ) yes ( ) no

Have you ever been convicted\* of a crime other than a minor traffic violation? ( ) yes ( ) no

*If you answered 'yes' to any of the questions above, please provide us with detailed information as to the date, place of conviction, charge, arrest, etc, and fully explain the situation below :*

*\*The applicant should note that the existence of a conviction will not necessarily disqualify you from employment. We will consider your case individually in relation to the position in which you are applying for.*

## Educational Background

	Name of School	Address	Date Graduated	Degree Earned
High School				
College				
Nursing Assist. Certification Program Licensed Vocational Nursing Program				
Other				

## Employment History

List your previous three employers starting from the most recent and working your way back. (Please account for any gaps.)

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

Company Name :		Employed from : ___/___/___ to ___/___/___
Job title :		Supervisor :
Address :	List specific duties and or responsibilities :	
	Reason for leaving :	
Telephone : (    )		

May we contact your employer?

## References

Please list three individuals who have firsthand knowledge of your abilities, experience, and work habits :

Name :	Telephone : (    )
Address :	Relationship :

Name :	Telephone : (    )
Address :	Relationship :

Name :	Telephone : (    )
Address :	Relationship :

Please list relevant skills you possess (e.g. housekeeping, kitchen, bookkeeping, typing, clerical, computer software skills, etc.) or any additional information / comments that will help us better evaluate your application :

Please list all job related organizations, clubs, professional societies, or other associations to which you belong :

*\*You may omit those that indicate race, religious creed, national origin, ancestry, physical or mental disability, sex, or age.*

Do you currently hold a valid professional license or certificate? ( ) yes ( ) no

*If so, indicate type :*

- ( ) Certified Nursing Assistant
- ( ) Licensed Vocational Nurse / LPN
- ( ) Registered Nurse
- ( ) Administrator
- ( ) Other \_\_\_\_\_

State issued :

License number :

Expiration date : \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about this position?

- ( ) Newspaper
- ( ) Internet
- ( ) Refereed by employee / friend
- ( ) Department of unemployment
- ( ) Other \_\_\_\_\_

I certify that all of the information set forth herein is true and correct. I understand that discovery of all false statements, misrepresentations or omissions of requested information on this application shall be grounds for immediate dismissal. I authorize investigation of any factual statements supplied on the application including criminal background check, and hereby release my present / past employer and named references from any damages that may result from furnishing said information. I also hereby consent to the medical examination by a physician at the companies request and expense. I acknowledge that if I am hired, my employment may be terminated at any time either by me or my employer, with or without cause, for any reason or no reason at all. I certify that I have read the above statement and understand its terms.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_