

# Application For Employment



**SUNSHINE MEADOWS  
RETIREMENT COMMUNITY**

400 S. Buhler Rd, Buhler, KS 67522

• (620)543-2251 • FAX (888) 708-8196

Buhler Sunshine Home, Inc. (Legal Name)

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?     1<sup>st</sup> Shift     2<sup>nd</sup> Shift     3<sup>rd</sup> 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 \_\_\_\_\_

\*Have you ever been disciplined or terminated for accessing or using protected health information without employer authorization?     Yes     No

\*Have you ever been debarred, excluded or otherwise ineligible from participation in a Federal or State health care program?  Yes  No

\*Have you ever been excluded or debarred from any Federal health care program or defaulted on a health education loan or scholarship?  Yes  No

List all names you have been known by:

Name \_\_\_\_\_  
Last First Middle Initial

Name \_\_\_\_\_  
Last First Middle Initial

Has any agency ever imposed a sanction against your license?

Being under investigation may not preclude you from employment. However, misrepresentation, falsification, or material omission of information may result in failure to receive any offer or, if hired, in immediate dismissal from employment. If you are unsure as to how to answer any of the above questions, please speak to our Human Resource Department prior to submitting the employment application.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Education**

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

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**Additional Information**

Describe any specialized training, apprenticeship, skills, extra-curricular activities, job-related training received in the United States military, List profession, trade, business, foreign languages, special qualifications

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**SPECIALIZED SKILLS**

**Check Skills/Equipment Operated**

<b>OFFICE</b>	<b>NURSING</b>	<b>COMMERCIAL EQUIPMENT</b>
<input type="checkbox"/> Fax	<input type="checkbox"/> Transfer Belt	<input type="checkbox"/> Lawn Mowers/Trimmers
<input type="checkbox"/> Computer	<input type="checkbox"/> No lift Policies	<input type="checkbox"/> Laundry Equipment
<input type="checkbox"/> Microsoft	<input type="checkbox"/> Use Mechanical Lifts	<input type="checkbox"/> Kitchen Equipment
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Skilled Care Equipment	<input type="checkbox"/> Floor Care Equipment

# Employment Experience

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

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

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Reason for Leaving: \_\_\_\_\_

**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)

**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**

<b>Consider the following questions in deciding whether to interview the applicant or if additional information should be gathered during the interview:</b>	<b>YES</b>	<b>NO</b>
1. Do you have a current opening for the position that the applicant is applying for?		
2. Can the applicant work the hours that you have available?		
3. Is the applicant appropriately licensed or certified for the position applied for?		
4. Is the applicant's past experience related to the job that he/she is seeking?		
5. Does the applicant have a consistent work history without time gaps between jobs?		
6. Are the reasons given for leaving previous employment clear and acceptable?		
7. Is the application complete and legible?		
8. Arrange Interview?    Date: _____                      Time: _____		

**Comments:**

**REFERENCES CHECKED:**

1. Employer \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_

Eligible for Rehire?     Yes     No    \_\_\_\_\_

Recommend for hire?     Yes     No    \_\_\_\_\_

Any Abuse, Neglect, Exploitation?     Yes     No    \_\_\_\_\_

Dates of employment \_\_\_\_\_

Comments \_\_\_\_\_

2. Employer \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_

Eligible for Rehire?     Yes     No    \_\_\_\_\_

Recommend for hire?     Yes     No    \_\_\_\_\_

Any Abuse, Neglect, Exploitation?     Yes     No    \_\_\_\_\_

Dates of employment \_\_\_\_\_

Comments \_\_\_\_\_

**Employed?**     yes     no                      **Date of Employment** \_\_\_\_\_

**Rate of Pay**    \$ \_\_\_\_\_ **per hour base**                      **Position** \_\_\_\_\_

**FT**     **PT**     **Temporary**    **Shift** \_\_\_\_\_