



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Position: \_\_\_\_\_

SSN: \_\_\_\_\_

### ***Personal Information***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Employment Desired

Part-time

Full-Time

Seasonal

On-call/Substitute

Please specify days and hours you are available:

When can you start? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever worked for Sunrise or Appletree? Yes No

If yes, where \_\_\_\_\_ and when \_\_\_\_\_

Please tell us any special skills you have or additional information about yourself that you would like us to know: \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

### ***Education***

	Years Completed	Year Graduated	Degree Received
High School			
College/Major			
Graduate work or Other Courses of Study			
Professional Certification			

As an equal opportunity employer, the Appletree School does not discriminate in hiring or terms and conditions of employment, because of an individual's race, creed, color, sex, age, religion, disability, or national origin. The Appletree School only hires individuals authorized to work in the United States of America.

If you are under 16, can you furnish a work permit?  Yes  No

Have you ever been convicted of any crime?  Yes  No

If yes, please provide date(s) and identify the offense: \_\_\_\_\_

A yes will not necessarily disqualify you from consideration for employment, and factors such as the nature of the crime(s) will be considered.

***Employment History***

(Please begin with the most-recent employer.)

Employer's Name/Address/Phone	Dates of Employment From:                      To:	Position & Salary	Name/Title/Phone of Supervisor	Reason for Leaving

What was your last performance appraisal rating?  Excellent  Good  Poor

May we contact your present employer?  Yes  No

Please explain any gaps in employment \_\_\_\_\_

***References***

Please list individuals other than family members or friends who can help us assess your qualifications and abilities.

	Name	Job Title & Co.	Years Known	Phone number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that if I am employed by Sunrise, employment is "at will", which means the employment is not for a definite period and may be terminated either by myself or Sunrise, at the sole discretion of either, for any reason, at any time. I understand that no one at Sunrise has authority to make any different agreement except the President by formal agreement in writing signed by the President and the employee.

I allow the Appletree School to disclose information about my job performance to other employers.

I authorize full investigation of all statements in this application.

I understand that misrepresentation or omission of facts is cause for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

While our desire is to be flexible with all our employees in scheduling, we reserve the right to alter work schedules in order to meet our business needs and provide the highest quality of care for all students.

This application will remain on file for thirty (30) days. If you have not been employed within thirty (30) days of your application, you must reapply for a position with the Appletree School.