

Enhancing Life. Excelling in Compassion.

1103 Commercial St. Emporia, KS 66801 | info@sunflowercarehomes.com

Date:	Phone #:	Email:	
Name:			
First	Middle		Last
Address:		Q1 10	
		City/State	Zip Code
Date of Birth:	Social Security #:	Dri	vers License #:
Emergency Contact:	Phone #:		Relationship:
Position:			
Position Applyi	ng For Availa	ble Start Date	Desired Wage
Full	Time Part Time	Seasonal	PRN
Location: Bald	win Emporia [El Dorado	
Are you willing to take a p	physical exam? Yes	No	
Do you have physical imp	airments? Yes	No	
If yes, please explain ((does it affect job requirements):		
Do you have reliable and i	insured transportation?	Yes No	
Is your Driver's License va	alid and current?	Yes No	
Are you bilingual?	Yes No If yes, what lan	guage(s)?:	
1. Have you ever had any	disciplinary action taken against	any of your licenses, d	river's license, or certifications? \[\sum Y \] \[\sum N \]
2. Are you now or have yo from any licensensing aut	<u>*</u>	tion, suspension, or are	you working under a consent order
3. Have you ever been nar	ned as a defendant in a malpracti	ce claim? □Y □N	
*If you answered yes to any o		neet of paper with a full exp	lanation, including dates and current status.
	izen or can you submit verification		
6. Have you signed a non-	-compete clause with your curren	it employer? □Y □N	

LICENSURE (please attach	copies of all)				
State	License #	Active Y/N	Expiration Date		
EDITOATION					
EDUCATION	T		I D		
Name of School	Location	Graduation Date	Degree		
CERTIFICATIONS / CRED	DENTIALS (please attac	h copies of all)			
Туре		Expiration Date	Expiration Date		
First Aid/CPR:					
MANDT/CPI:					
CMA/CNA:					
OTHER:					
acility Name:	EMPLO	DYMENT HISTORY			
bb Title:					
11					
		City/State	Zip Code		
nmediate Supervisor:		Phone #:			
eason for Leaving:					
ates of Employment: From_	То	Ending Wage:			
Iay We Contact: □Y □ N					

EMPLOYMENT HISTORY CONTD.

Job Title:		
Address:	City/State	Zip Cod
Immediate Supervisor:	Phone #:	Zip Cod
Reason for Leaving		
Dates of Employment: From	To Ending Wage:	
May We Contact: □Y □N		
Facility Name:		
ob Title:		
Address:		
Immediate Supervisor:	City/State	Zip Cod
Dancan for Lagring		
	To Ending Wage	
May We Contact: □Y □N		
	<u>REFERENCES</u>	
Name:	Relationship:	
Email:	Phone #:	
Name:	D. 1. (1 1. 1	
Email:	Phone #:	
Name:	Relationship:	
Email:		
Were you referred to Sunflower Care Hom	les? Yes No	
	100	
· · · · · · · · · · · · · · · · · · ·		
Date:	Signature:	

AVAILABILITY FORM

Number of Hours Seeking:							
Full Time	Part Time	Seasonal	PRN				
Morning	Evening	Day Shift	Overnights	Weekends			
Availability times pe	Availability times per day:						
Sunday:							
Monday							
Tuesday							
Wednesday:							
Thursday:							
Catrondare							
Date:	Signa	ture:					