

REFERENCES • Give the names of three persons not related to you, whom you have known at least one year.

1.	Name: _____ Address: _____ Occupation: _____ Telephone: _____ How do you know this person? _____
2.	Name: _____ Address: _____ Occupation: _____ Telephone: _____ How do you know this person? _____
3.	Name: _____ Address: _____ Occupation: _____ Telephone: _____ How do you know this person? _____

VERIFICATION

I understand that I may be required to submit to a physical examination, which will include a drug test, as part of the application process. I understand that any conditional offer of employment may be withdrawn if I cannot perform the essential functions of the job, have a positive drug screen, or if I refuse to complete the pre-placement medical evaluation or drug testing process.

I have read and fully understood the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that all the inquiries on this application are subject to verification and authorize any schools that I have attended, licensing and certification boards, and current and previous employers to provide Sunset Association with any information that it requests pursuant to its investigation and employment decision. I also specifically waive written notice from any and all former employers regarding their disclosure to Sunset Association of any prior disciplinary action, and in exchange for Sunset Association considering my application for employment, I waive any claim against Sunset Association, its agents and employees, arising from such investigation or disclosure, including, but not limited to, any claim for invasion of privacy or any claim for defamation, including both libel and slander. I authorize appropriate state law enforcement agencies to release all records of criminal convictions and pending felony charges to Sunset Association. I release the references listed above and any law enforcement agencies from any damages that may result from furnishing this information to Sunset Association. I understand that any omissions or misrepresentation of the information I have supplied or failed to supply can result in rejection of this application or, if I have been hired, an immediate dismissal at the sole discretion of Sunset Association. I further understand that, under Public Act 28 of 2006, knowingly providing false information regarding my identity or criminal convictions is a crime punishable by imprisonment or a fine, or both.

I further understand and agree that if I am hired, my employment is at will and that it may be terminated, either by me or by Sunset Association at any time, with or without notice or cause. It is with this full understanding of Sunset Association's exclusive right to make such discharge decisions, that I will accept any employment offered to me.

(Signature of Applicant)

(Date)

Interviewed by: _____

(Date)

Sunset Manor & Villages
725 Baldwin • Jenison, MI 49428
(616) 457-2770 • Fax (616) 457-7750

Sunset Home Services
725 Baldwin • Jenison, MI 49428
(616) 667-4663 • Fax (616) 457-7750



www.SunsetAssociation.org

Brookcrest
3400 Wilson Ave. • Grandville, MI 49418
(616) 534-5487 • Fax (616) 531-3939

Waterford Place
1725 Port Sheldon St. • Jenison, MI 49428
(616) 667-1725 • Fax (616) 667-1722

PERSONAL APPLICATION FOR EMPLOYMENT

Name (Last, first, middle)		
Current Address (Street, city, state, zip code)		How long have you lived at this address?
Telephone Number		
Specify any days or times you are not available for work:		
Position Applied for:		Date Available for Work:
Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Have you ever been employed by: Sunset Manor or Sunset Village? <input type="checkbox"/> Yes <input type="checkbox"/> No Sunset Home Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Brookcrest? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Started: Date Left:
In what Department:	In what Job Position:	Reason for Leaving:
Are you a U.S. Citizen?	If you are not a U.S. citizen, do you have a legal right to remain permanently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If employed, can you submit verification on your legal right to remain in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What prompted your Application?		
Do you have a reliable form of transportation available to you to go to and from work and/or to perform your duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY • List your last two employers

Employer's Name		
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)		
Your title	Dates (month and year): From To	Salary/Hourly Wage
Duties and responsibilities:		
Reason for leaving:		
Employer's Name		
Address (Street, city, state, zip code)		Telephone
Supervisor (Name & Title)		
Your title	Dates (month and year): From To	Salary/Hourly Wage
Duties and responsibilities:		
Reason for leaving:		
Have you ever been discharged by an employer or resigned in lieu of discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been disciplined (other than discharged) by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered yes to any of the previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.		
What was your attendance record at your previous place of employment? _____		

EDUCATION

Total number of years of formal education completed _____

High School	Location	Diploma
College/University	Location	Degrees
Trade/Vocational/Technical School	Location	Degrees

Extra curricular activities and/or honors received in school _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

List any licenses and/or certifications which have been issued to you.

Nurse Aid	# _____	Have you ever had professional license or certification revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
LPN	# _____	
RN	# _____	
Other	# _____	

MISCELLANEOUS

Have you ever had your name flagged on any state's nurse aide registry for resident abuse, neglect, mistreatment or misappropriation of resident property? Yes No

Have you ever been found guilty by any Court for abusing, neglecting or mistreating residents? Yes No

If you answered Yes to any of these questions, please explain the date, nature of the finding and circumstances in an attached signed statement.

Do you have any felony charges pending against you? Yes No

Have you ever been convicted of or pled guilty or nolo contendere (no contest) to a crime? Yes No

If so, explain the date, nature of the offense and circumstances in an attached, signed statement.

Are you under 18 years of age? Yes No

If you are under 18 years of age, do you have a work permit? Yes No

Do you have any relatives employed by the Sunset Association? Yes No

If yes:

Name: _____ Relationship: _____

Address: _____ Department: _____