



SUNSHINE RESIDENTIAL HOMES, Inc.

PRE-EMPLOYMENT CHECKLIST

Please complete this form and turn it into the front desk for eligibility information and application packet.

You are applying for a position within a group home agency that caters to abused, abandoned, and/or neglected children between the ages of 5 to 17. The Sunshine children may present their own sets of challenges that come along with their past experiences. If hired, you will be supplying the children in our care with their basic educational, emotional, medical, spiritual, and physical needs; all of which require stability, safety, comfort, and structure. The Sunshine Experience does require our employees to go above and beyond, which requires enforcing all Sunshine policies for the best interest of the children we serve.

Name						
For which position are you applying?						
Are you at Least 21 Years Old?			Yes	No		
Do you have a valid AZ Driver's License?			Yes	No		
Do you have a GED/Diploma/College Degree?	Yes	No	Degree?		Institution?	
Have you had a DUI Charge?	Yes		No		Date of Conviction:	
Do you have a Misdemeanor or Felony?	Yes		No		Date of Conviction:	
Do you have a Fingerprint Clearance Card?	Yes		No		Card Number if known:	
Do you possess a vehicle?	Yes	No	Do you possess Car Insurance?		Yes	No
Have you previously worked for Sunshine?	Yes	No	If yes, please list dates:			
Do you have at least 1 year of verifiable experience with children?	Yes	No	Company Name:		How Long?	
Please provide a brief description of your experience working with children:						

I hereby certify that the above statements are true and give my permission for any necessary verification.

Signature: _____ Date: _____

Sunshine Residential Homes, Inc. (SRHAZ) provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, SRHAZ complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

For Office Use Only

Position:	
Salary:	

APPLICATION FOR EMPLOYMENT**Personal Information**

Name:		SS#:	
Street Address:			
City, State, Zip:			
Phone Number:		Email Address:	
Cell Number:		Referred By:	

Employment Desired

Position:	P/T	F/T	Start Date:	Salary:
Are you currently employed?	May we contact your present employer?			

Education

Name of School	City & State of School	Years attended	Did you graduate?	Degree/Diploma
High School:				
College:				
Graduate College:				

General

Subjects of special study, research work, or social training skills:

Former Employers

(List past/current employers from the last four years starting with the most recent employer first)

Date: (From/To)	Name of Employer	City & State of Employer	Position:	Salary:	Reason for leaving:
1.					
2.					
3.					
4.					
5.					
6.					

References
(List 3 non-related references)

Name:	Address (City & State at a minimum):	Phone #:	Years known:
1.			
2.			
3.			

Emergency Contact Information

Name:	Relationship	Phone #:
1.		
2.		

Other Information

A. Do you have any physical condition, which may limit your ability to perform the job applied for?		___ Yes ___ No
B. Have you ever been convicted of an offense <u>other than</u> the following:		
1. Minor traffic violations for which the fine was \$50 or less before April 5, 1984 or \$100 or less on or after April 5, 1984		___ Yes ___ No
or		
2. Any offense, which was finally settled in a juvenile court or under a welfare youth offender law?		___ Yes ___ No
C. Has your driver's license ever been suspended or revoked?		___ Yes ___ No
If Yes to B or C above, please provide the following information: Date, Location, Nature of Offense, and Disposition.		
D. Do you possess a valid Arizona driver's license?		___ Yes ___ No

Child Welfare Licensing CPS/CR Background Check

Any other names used:	
Are you currently the subject of investigation of child abuse or neglect in Arizona, or another state or jurisdiction?	___ Yes ___ No
Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?	___ Yes ___ No
If <u>YES</u> :	
What was the allegation(s)?	
When was the investigation(s) conducted?	
Where was the investigation(s) conducted?	

By signing this application, I am allowing Sunshine Residential Homes Inc., with the help of the Department of Child Safety and the Department of Public Safety to verify final findings of any DCS child abuse investigations and the status of my Level 1 Fingerprint Clearance Card. I attest under penalty of perjury, that the information provided in this application is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

Signature: _____ **Date:** _____