

# SUNRISE-AMANECER, INC.

## JOB APPLICATION

Sunrise-Amanecer, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

### APPLICANT INFORMATION

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (Apt) City/State Zip

Alternate Address: \_\_\_\_\_  
Street City/State Zip

Contact Information: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Mobile Telephone

Email: \_\_\_\_\_

### EMPLOYMENT POSITION

Position(s) applying for: Driver, Interpreter, Companion. Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_ Are you Currently Employed? \_\_\_\_\_

What days are you available to work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

How far are you comfortable driving? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### PERSONAL INFORMATION

Do you have any friends, relatives, or acquaintances working for Sunrise-Amanecer, Inc. \_\_\_\_\_

If yes, state name and relationship: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_

Do you consent to a mandatory controlled substance test? \_\_\_\_\_

Do you consent to have a CORI check done? \_\_\_\_\_

**EDUCATION**

High School

College or University

**PREVIOUS EXPERIENCE**

Please list most recent employer

| Company Name     | Supervisor Name          | Employer Telephone    |
|------------------|--------------------------|-----------------------|
|                  |                          |                       |
| Employer Address | City, State and Zip Code | Dates Employed/ Title |
|                  |                          |                       |

Job notes, tasks performed and reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or termination of previous employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please provide personal and professional reference(s) below:

| Reference Name | Contact Information |
|----------------|---------------------|
|                |                     |
|                |                     |

**AT-WILL EMPLOYMENT**

The relationship between you and Sunrise-Amanecer, Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Sunrise-Amanecer, Inc. No representative of Sunrise-Amanecer, Inc. has authority to enter into any agreement contrary to the forgoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Sunrise-Amanecer, INC.*

non-profit community mental health & socio-educational programs

## CORI, Drug Test, Driving Record and SAM Database Acknowledgement Form

I \_\_\_\_\_, give authorization to Sunrise-Amanecer Inc. and designated Supervisor to run checks on the following:

- Driving Record (Attested or Unattested)
- CORI
- Drug Screening
- Medicare Database (SAM/OIG)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date