



Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____

ANY ALIAS AND SSN USED: _____

Present address _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____

and salary desired (2) _____

(Be specific)

Days/hours available to work

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired _____ FULL-TIME ONLY _____ PART-TIME ONLY _____ FULL- OR PART-TIME

When available for work? _____

Disclosure of all criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses:
Explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were
committed, sentence(s) imposed, and type(s) of rehabilitation:

DO YOU CONSENT TO A PRE-EMPLOYMENT CRIMINAL RECORD CHECK?

___ No ___ Yes

DO YOU CONSENT TO A CLOSED RECORDS CHECK?

___ No ___ Yes

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DO YOU HAVE A DRIVER'S LICENSE? ___Yes ___No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ ___Operator ___Commercial (CDL) ___Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Computer ___No ___Mac Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____

Telephone () _____ Telephone () _____

Educational Background

Please list all educational institutions attended starting with the most recent.

1. Institution Name:

- City, State:
- Degree or Diploma: [Degree Type, e.g., B.A., B.S., M.A., Diploma]
- Field of Study:
- Dates Attended:
- Graduation Date: [Month/Year] (or Expected Graduation Date)

2. Institution Name:

- City, State:
- Degree or Diploma: [Degree Type]
- Field of Study:
- Dates Attended:
- Graduation Date: [Month/Year]

3. Institution Name:

- City, State:
- Degree or Diploma: [Degree Type]
- Field of Study:
- Dates Attended:
- Graduation Date: [Month/Year]

Certifications and Licenses

- Certification/License Name:
 - Issued By:
 - License Number:
 - Issue Date:
 - Expiration Date:

Please attach copies of your diplomas, degrees, certificates, and licenses.

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	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? ___Yes ___No		
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___Yes ___No		
Specialty _____ Date Entered _____ Discharge Date _____		

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

Ray of Sunshine Individual Support Services, LLC will not employ any person in any capacity that is listed on the Employee Disqualification List (EDL) maintained by the DHSS pursuant to Chapter 192, RSMo, and Ray of Sunshine Individual Support Services, LLC will verify that all staff are not so listed at any time during their employment. Ray of Sunshine Individual Support Services, LLC shall maintain in its files verification of the EDL checks.

Signature of applicant _____