



# SUNNY HAVEN RESIDENTIAL SERVICES

*A Licensed DD Waiver Provider*

Providing Group Home Residential &  
Community Engagement Services

**Application for Employment**

PERSONAL INFORMATION		
<b>PREFERRED PRONOUNS</b> <input type="checkbox"/> He/His/Him <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Their <input type="checkbox"/> Prefer not to answer	<b>NAME</b> <i>(First, Middle, Last)</i>  	
<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	<b>DATE OF BIRTH</b> <i>(mm/dd/yyyy)</i>  _____ / _____ / _____	<b>SOCIAL SECURITY NUMBER</b>  _____ - _____ - _____
<b>ADDRESS</b> <i>(Street, City, Zip, County)</i>  		
<b>PHONE NUMBER</b>  	<b>ALT. PHONE NUMBER</b>  	<b>EMAIL ADDRESS</b>  

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED

**\*Other training, certifications or licenses held:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



EMPLOYER 2	
COMPANY NAME	DATES EMPLOYED
PHONE	ADDRESS
PAY RATE Start: \$ _____ Final: \$ _____	POSITION
DUTIES PERFORMED	
SUPERVISOR'S NAME & TITLE	SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING	

EMPLOYER 3	
COMPANY NAME	DATES EMPLOYED
PHONE	ADDRESS
PAY RATE Start: \$ _____ Final: \$ _____	POSITION
DUTIES PERFORMED	
SUPERVISOR'S NAME & TITLE	SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING	

PERSONAL & PROFESSIONAL REFERENCES
Please provide information about any individuals you'd like to use as a reference. <small>*Please Note: By listing an individual(s), you are agreeing to allow Sunny Haven Residential Services to contact them on your behalf.</small>
Reference 1 - (Name, Title/Relationship, Company, and Phone #)
Reference 2 - (Name, Title/Relationship, Company, and Phone #)
Reference 3 - (Name, Title/Relationship, Company, and Phone #)

POSITION AT SUNNY HAVEN RS
POSITION APPLICANT IS SEEKING <i>(Check all that apply)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMMUNITY ENGAGEMENT (CE) STAFF</li> <li><input type="checkbox"/> DIRECT SUPPORT PROFESSIONAL (DSP)</li> <li><input type="checkbox"/> OTHER _____</li> </ul>

<b>AVAILABILITY</b>						
<i>Check all that apply</i>						
<input type="checkbox"/> OPEN AVAILABILITY (ANY DAY, ALL HOURS) <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> WEEKENDS						
<b>SPECIFIC HOURS AVAILABLE TO WORK BY DAY (Check all that apply)</b>						
<input type="checkbox"/> MO	<input type="checkbox"/> TUE	<input type="checkbox"/> WEDNE	<input type="checkbox"/> THUR	<input type="checkbox"/> FR	<input type="checkbox"/> SATU	<input type="checkbox"/> SU
NDAY TO:	SDAY TO:	SDAY TO:	SDAY TO:	IDAY TO:	RDAY TO:	NDAY TO:
FROM:	FROM:	FROM:	FROM:	FROM:	FROM:	FROM:
<i>*Shifts and assigned hours are based upon the needs of SHRS. Shifts vary depending upon employee position &amp; assigned location.            Please note: Selecting a shift(s) above is not to be construed as a promise or guarantee of actual hours employee will work.</i>						
EMPLOYMENT DESIRED:		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> ANY		
HAVE YOU EVER WORKED FOR SUNNY HAVEN IN THE PAST?				DATE AVAILABLE TO BEGIN		

<b>ACKNOWLEDGEMENT &amp; AUTHORIZATION</b>	
For the statements below, enter your initials in the box to acknowledge you understand/agree and authorize Sunny Haven Residential Services to investigate all statements contained in this application as may be necessary in arriving at an employment decision.	
INITIALS	STATEMENTS
	I certify that all information I've provided on this application is true and complete to the best of my knowledge.
	In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in immediate discharge from Sunny Haven Residential Services.
	In the event of employment, I understand that I may be subject to drug screening(s) and both state and federal background checks; I provide my consent for Sunny Haven Residential Services to conduct these as necessary.
SIGNATURE OF APPLICANT	
TODAY'S DATE	

<p><b>OFFICE USE ONLY:</b></p> <p>PROCESSED ON _____</p> <p>PROCESSED BY _____</p> <p>PROCEED WITH INTERVIEW?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO (specify reason)</p> <p>_____</p>
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Thank you for your interest in

**Sunny Haven Residential Services, LLC!**

Call Us: 681-532-0053 (Human Resources)

Email: [office.sunnyhavenrs@gmail.com](mailto:office.sunnyhavenrs@gmail.com)

Website: [sunnyhavenrs.com](http://sunnyhavenrs.com)