

SUNNY HAVEN RESIDENTIAL SERVICES

A Licensed DD Waiver Provider

Providing Group Home Residential &

Community Engagement Services

Application for Employment

PERSONAL INFORMATION						
PREFERED PRONOUNS	NAME (First, Middle, Last)					
He/His/Him						
She/Her/Hers						
They/Them/Their						
 Prefer not to answer 						
GENDER	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER				
🗆 Male						
Female						
Non-Binary						
Prefer not to answer						
ADDRESS (Street, City, Zip, County)						
PHONE NUMBER	ALT. PHONE NUMBER	EMAIL ADDRESS				

LOCATION	YEARS ATTENDED	DEGREE RECEIVED

*Other training, certifications or licenses held:

EXPERIENCE

Please select applicable experience you have now or have had in the past.

What are your prior experiences that would be applicable to a direct support professional position?

- Direct Support Professional
- $\hfill\square$ Caregiver
- □ Licensed Registered Nurse
- $\hfill\square$ Some nursing school
- □ Currently in nursing school
- Community Services Board current or past employee
- □ Support Coordination
- □ Nursing Home experience
- □ Case Management
- □ Licensed Practical Nurse
- □ Adult Day Program worker
- □ Family member has an intellectual disability
- □ Other
- □ None

If you selected any of the above choices, please explain your experience in more detail for each:

EMPLOYMENT HISTORY					
Please enter information below about your last three employers starting with the most recent (Employer 1).					
EMPLOYER 1					
COMPANY NAME	DATES EMPLOYED				
PHONE	ADDRESS				
PAY RATE	POSITION				
Start: \$ Final: \$					
DUTIES PERFORMED					
SUPERVISOR'S NAME & TITLE	SUPERVISOR'S PHONE NUMBER				
REASON FOR LEAVING					

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					
EMPL	OYER 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. *Please Note: By listing an individual(s), you are agreeing to allow Sunny Haven Residential Services to contact them on your behalf.

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 (Check all that apply)

- □ COMMUNITY ENGAGEMENT (CE) STAFF
- □ DIRECT SUPPORT PROFESSIONAL (DSP)
- OTHER ______

AVAILABILITY										
Check all that a	pply									
OPEN	AVAILABILITY	(ANY DAY, ALL HOURS)								
U WEEK	DAYS	· · · · · ·								
	-									
		HOURS AVAILAB	LE TO	WORK B	Y DAY (Check all	l that ar	vlac		
		U WEDNE		THUR		FR		SATU		SU
NDAY TO:	SDAY TO: SDAY TO:		SDAY TO:		IDAY TO:		RDAY TO:		NDAY	TO:
FROM:	FROM:	FROM:	FR0/		FROM:		FROM		FROM:	
				v1.				1.	FROM:	
*Shifts and assigned hours are based upon the needs of SHRS. Shifts vary depending upon employee position & 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.										
EMPLOYMEN	T DESIRED:		-		PART-TI	ME	□ ANY			
HAVE YOU EVER WORKED FOR SUNNY HAVEN IN THE PAST?										
ACKNOWLEDGEMENT & AUTHORIZATION										
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	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.										

OFFICE USE ONLY:	Thank y
PROCESSED ON	Sunny I
PROCESSED BY	Call Us:
PROCEED WITH INTERVIEW?	Email: o
□ YES	Websit

NO	(specify	reason)	

SIGNATURE OF APPLICANT

Thank you for your interest in

Sunny Haven Residential Services, LLC!

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

TODAY'S DATE

Email: office.sunnyhavenrs@gmail.com

Website: sunnyhavenrs.com

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