



SUNNY HAVEN RESIDENTIAL SERVICES

A Licensed DD Waiver Provider

Providing Group Home Residential &
Community Engagement Services

Application for Employment

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

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED

Other training, certifications or licenses held: _____

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 Start: \$ _____ Final: \$ _____	POSITION
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	

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"> <input type="checkbox"/> COMMUNITY ENGAGEMENT (CE) STAFF <input type="checkbox"/> DIRECT SUPPORT PROFESSIONAL (DSP) <input type="checkbox"/> CE STAFF MANAGER <input type="checkbox"/> GROUP HOME MANAGER <input type="checkbox"/> ADMIN <input type="checkbox"/> OTHER _____

AVAILABILITY						
<i>Check all that apply</i>						
<input type="checkbox"/> OPEN AVAILABILITY (ANY DAY, ALL HOURS) <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> WEEKENDS						
SPECIFIC HOURS AVAILABLE TO WORK BY DAY (Check all that apply)						
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
TO:	TO:	TO:	TO:	TO:	TO:	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 & 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		

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	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>OFFICE USE ONLY:</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!**

Contact Us:
 +540-632-1775
office.sunnyhavenrs@gmail.com



Visit our Website!

