

# Application for Employment

Federal and State law prohibit discrimination in employment based on race, color, creed, age, sex, marital status or national origin. Sunrise View operates under the principle that employment is terminable-at-will by the employee or the employer.

(Please PRINT)

Date: \_\_\_\_\_

Position desired: \_\_\_\_\_

Shift: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

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Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone#: \_\_\_\_\_

In emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ What is your job: \_\_\_\_\_

Professional license(s) held: \_\_\_\_\_

Additional training: \_\_\_\_\_

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## Please list previous 5 years work history – Permanent and Temporary

Employer name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Dates employed: From \_\_\_\_ to \_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Dates employed: From \_\_\_\_ to \_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work performed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References: Please list 3**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

# Employment Reference Request & Authorization

To: \_\_\_\_\_  
 Att: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Re: Applicant name: \_\_\_\_\_  
 S.S. #: \_\_\_\_\_  
 Position Applied for: \_\_\_\_\_

I understand that past employers may be contacted per phone and/or written request and that both positive and negative information will be requested. I hereby authorize the release of any information regarding my work record. I understand that if employed, prior to return of reference information, my continued employment is contingent upon acceptable references and that any false statements or omissions on my application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
**\*\*Applicant Signature**

\_\_\_\_\_  
**Date**

Sunrise View considers references to be an important part of the selection of new employees and will treat all references with confidentiality and professionalism. We thank you for your time and assistance in this process.

\_\_\_\_\_  
 Signature of supervisor requesting information

\_\_\_\_\_  
 Date

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### To be completed by previous employer:

States he/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_  
 Working in the capacity of \_\_\_\_\_  
 He/she has applied for position of \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_  
 Is the applicant related to you? \_\_\_\_\_ If yes, how? \_\_\_\_\_  
 He/she was employed by you from \_\_\_\_\_ to \_\_\_\_\_  
 What was the position or job held? \_\_\_\_\_  
 Why did the applicant leave your service? \_\_\_\_\_  
 If company policy permits, would you rehire? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Please give a short summary of applicant's skills and limitations: \_\_\_\_\_

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Qualifications	Excellent	Good	Fair	Poor	Needs Supervision	Needs Counseling
Quality of work	_____	_____	_____	_____	_____ Seldom	_____ Seldom
Quantity of work	_____	_____	_____	_____	_____ Occasionally	_____ Occasionally
Dependability	_____	_____	_____	_____	_____ Frequently	_____ Frequently
Cooperation	_____	_____	_____	_____	_____ Consistently	_____ Consistently
General ability	_____	_____	_____	_____		
Character	_____	_____	_____	_____		
Initiative	_____	_____	_____	_____		
Appearance	_____	_____	_____	_____		

**Average Monthly Absence**  
 \_\_\_\_\_ Less than 1 day    \_\_\_\_\_ 2 to 4 days  
 \_\_\_\_\_ Over 4 days

Would you recommend we hire this person for this position?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Remarks: \_\_\_\_\_

Completed by: \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

When completed, please fax to: 425-356-2235                      Sunrise View    2520 Madison Street    Everett, WA 98203