

SUNSHINE SCHOOL & DEVELOPMENT CENTER

3400 Woods Lane
 Rogers, AR 72756
 479.636.3190
 479.636.4587 fax

EMPLOYMENT APPLICATION

Sunshine School & Development Center is an Equal Opportunity Employer and operates, manages and delivers its services without regard to race, sex, religion, color, national origin, age, military status, disability, or any other protected right under federal, state, or local laws.

In accordance with the Americans with Disabilities Act, we do not discriminate against applicants with disabilities during any phase of the hiring process. If you would like to request reasonable accommodations in order to apply for and/or be considered as an employment candidate, please contact the Director of HR & Compliance at the phone number or address displayed above.

Position(s) applying for:: _____ Application date: _____

Last name: _____ First name: _____ Social Security #: _____

Street address: _____ City, State, Zip: _____

Primary phone #: _____ Email address: _____

Have you ever been employed by SSDC? Yes No If yes, date & position _____

If you are related to a SSDC staff member provide name: _____

Are you 18 years old or older? Yes No Are you legally eligible to work in the U.S.? Yes No

Type of employment desired: Full-time Part-time Temporary Internship

If seeking temporary employment, please explain: _____

If you are fluent in a second language please list: _____

Educational Background

	Name of Educational Institution and Location	Number of years completed	Did you graduate?	Major/Degree
High School				
G.E.D.				
College				
Other				

Skills and Qualifications Trainings, skills, licenses, military experience, certifications that may qualify you for the position

Employment History

Provide the following information about your past employment and/or volunteer experience beginning with the most recent.

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Job Title _____ Supervisor's Name _____

Employment Dates: Beginning _____ Ending _____ May we contact for reference? _____

Reason for leaving _____

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Job Title _____ Supervisor's Name _____

Employment Dates: Beginning _____ Ending _____ May we contact for reference? _____

Reason for leaving _____

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Job Title _____ Supervisor's Name _____

Employment Dates: Beginning _____ Ending _____ May we contact for reference? _____

Reason for leaving _____

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Job Title _____ Supervisor's Name _____

Employment Dates: Beginning _____ Ending _____ May we contact for reference? _____

Reason for leaving _____

Company Name _____ Phone # _____

Address _____ City, State, Zip _____

Job Title _____ Supervisor's Name _____

Employment Dates: Beginning _____ Ending _____ May we contact for reference? _____

Reason for leaving _____

Applicant Statement

Please read the following information before signing

- I understand that SSDC does not unlawfully discriminate against any applicants in the employment selection process based on applicable federal, state, and local laws.
- I understand that this application will remain on file for 6 months. At the conclusion of that time it will be necessary for me to complete and submit another application if I choose to be considered for future employment opportunities.
- I understand that submission of this application does not create an employment contract or offer of employment. If hired, employment with SSDC will be on an at-will basis and could be terminated at the will of either party without prior notice or cause.
- I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.
- I am aware that SSDC is a smoke-free and drug-free workplace.
- I attest with my signature below that I have given SSDC true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.
- I certify, by my signature, that I have read and understand the terms of this Applicant Statement.

Signature of Applicant

Date

I authorize the SSDC to conduct a reference check based on consent as indicated on the **Employment History** page of this application. I understand that reference information may include, but is not limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations. I knowingly and voluntarily release all former and current employers, references, and the SSDC from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the SSDC.

Signature of Applicant

Date