

Sunnybrook Children's Home

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, sex, national origin, age, veteran status or disability

Please answer every question & please print in black ink.

Position Applied For: _____

Today's Date: ____ / ____ / ____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Telephone: (____) - ____ - ____ Social Security #: ____ - ____ - ____
Area Code Number

Work Telephone: (____) - ____ - ____ e-mail: _____
Area Code Number

How were you referred to us?

Newspaper (location): _____ Job Fair (location): _____

Internet website (location): _____

Person _____

Have you applied with us before? Yes No (If yes, please give date): ____ / ____ / ____

Have you been employed with us before? Yes No

(If yes, please give date and job title): ____ / ____ / ____ _____

Do you have relatives currently employed here? Yes No

(If yes, please give name and relationship): _____

Are you a relative of a resident? Yes No

(If yes, please give name and relationship): _____

Are you an alumnus? Yes No (If so, dates: _____)

Are you currently employed? Yes No

May we contact your present employer? Yes No N/A

What is your minimum salary requirement: (Please state in dollars): \$_____ (Annual or Hourly) (Please do not write "negotiable")

Can you furnish proof of citizenship or immigration status upon employment? Yes No

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires? Yes No

Do you have a valid driver's license? Yes No D.L. # & State: _____

Have you ever been convicted of a felony(ies) or are you currently under indictment for a felony(ies)?

Yes No

State/County: _____ Date: ____/____/____

Explain: _____

Have you ever been convicted of a misdemeanor or are you currently under indictment for a misdemeanor?

Yes No

State/County: _____ Date: ____/____/____

Explain: _____

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

PROFESSIONAL LICENSURE

Professional License #: _____

Type: _____

Date Acquired: ____/____/____ Expiration Date: ____/____/____

Professional License #: _____ T

Type: _____

Date Acquired: ____/____/____ Expiration Date: ____/____/____

Professional License # _____

Type: _____

Date Acquired: ____/____/____ Expiration Date: ____/____/____

Have you ever had your professional license suspended or revoked? Yes No

EDUCATION

Please note that college degrees must be from ***an accredited university*** in order to be considered for employment. Proof of education is required in the event that a conditional job offer is made.

School:	Elementary School Name	High School Name	Vocational or Trade School	College or University	Graduate or Professional
Type of Diploma or Degree		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not graduate	Type: _____	# hours _____ <input type="checkbox"/> Associate (type): _____ <input type="checkbox"/> Bachelors (type): _____	<input type="checkbox"/> Master's (type): _____ Date Rec'd: ____/____/____ Field: _____
Date Received			____/____/____	____/____/____	
Honors or Awards Received					<input type="checkbox"/> Doctorate (type): _____ Date Rec'd: ____/____/____ Field: _____

EMPLOYMENT RECORD

*This section must be completed, even if you are attaching a resume. Begin with your present or most recent employment. Include self-employment, summer or part-time jobs, and military service assignments for the **PAST 15 YEARS**.*

Employer: _____ Address: _____ City, State, Zip: _____ Phone: (____) - ____ - _____ Job Title: _____ Supervisor: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ _____ _____	Date Employed: From: ____/____/____ To: ____/____/____ Final Salary: \$ _____	Summary of Work Performed:
Employer: _____	Date Employed: _____	Summary of Work Performed:

<p>Address: _____ City, State, Zip: _____ _____</p> <p>Phone: (____) - _____ - _____ Job Title: _____ Supervisor: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ _____</p>	<p>From: ____/____/____</p> <p>To: ____/____/____</p> <p>Final Salary: \$ _____</p>	
<p>Employer: _____</p> <p>Address: _____ City, State, Zip: _____ _____</p> <p>Phone: (____) - _____ - _____ Job Title: _____ Supervisor: _____</p> <p>Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ _____</p>	<p>Date Employed:</p> <p>From: ____/____/____</p> <p>To: ____/____/____</p> <p>Final Salary: \$ _____</p>	<p>Summary of Work Performed:</p>

Employer: _____ Address: _____ City, State, Zip: _____ _____ Phone: (____) - ____ - _____ Job Title: _____ Supervisor: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ _____	Date Employed: From: ____/____/____ To: ____/____/____ Final Salary: \$ _____	Summary of Work Performed:
Employer: _____ Address: _____ City, State, Zip: _____ _____ Phone: (____) - ____ - _____ Job Title: _____ Supervisor: _____ Did you voluntarily resign? Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specific Reason for Leaving: _____ _____	Date Employed: From: ____/____/____ To: ____/____/____ Final Salary: \$ _____	Summary of Work Performed:

GENERAL INFORMATION

Please use this space to describe your knowledge, skill and attitude which would enhance your qualifications for this position:

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing

In consideration of being employed, I understand and agree that:

- The receipt of this application does not imply any guarantee of employment.
- If I misrepresent or omit any information on this application and/or the *House Parent Questionnaire* (if applicable), I may be refused employment or if employed, I may be terminated.
- Sunnybrook Children's Home has my authorization to thoroughly investigate my employment and personal history (which may include information concerning my character, criminal convictions, mode of living, general reputation, personal characteristics and related pertinent information) and I hereby consent to take any test, whenever the organization deems it necessary, in any employment investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation.
- If employed, I may terminate my employment at any time, without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. If employed, I understand that my employment is for no definite period of time.
- In consideration of my employment, I agree to comply with the rules, regulations and policies of the employer.
- If employed, I understand that no representative of the employer, other than the Exec. Dir. of the organization, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- Any physician, hospital or testing laboratory has my consent to conduct medical examinations or drug screening tests on me, and I hereby give my consent for all such information to be released for the employer to determine my abilities to perform my job, now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, vehicle, locker, purse, cottage or any packages I have while on the employer's premises, whether or not I have a lock on such items.
- The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I accept these conditions of employment.
- The employer is an equal opportunity employer. The employer does not discriminate on the basis of race, color, sex, national origin, age, veteran status or disability, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by federal, state or local law.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature _____ Date _____

—

This application is current and active for a period of one (1) year.

REFERENCES

YOU MUST SUBMIT FOUR (4) REFERENCE LETTERS WITH THIS APPLICATION FROM THE LIST OF PERSONS YOU HAVE PROVIDED BELOW.

Failure to complete this page may delay the processing of your application.
You must provide us with **DAYTIME PHONE NUMBERS FOR YOUR REFERENCES.**

Your Name: _____ Date: ____/____/____

Position Applied For: _____

Personal References (must be non-relatives)

Name: _____ Address: _____ City, State, Zip: _____ _____ Daytime Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ _____ Daytime Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ _____ Daytime Phone: _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ _____ Daytime Phone: _____	How long have you known this person? _____	This person's profession is: _____

Sunnybrook Children's Home

House Parent Questionnaire

Name: _____ **Date:** ____/____/____

We are delighted that you are interested in becoming a house parent with the Sunnybrook Children's Home. The Following questions are designed so that we more about you & your suitability for house parenting. This questionnaire MUST BE enclosed with the application. Please answer the questions in your own handwriting. You can use additional sheets, if necessary.

1. Please explain the reason for your interest in becoming a house parent:

2. What is your definition of a "good" child?

3. What is your definition of a "bad" child?

4. What is your definition of a "good" parent?

5. What is your definition of "proper discipline" for children?

House Parent Questionnaire (cont.)

6. What are your (2) greatest STRENGTHS & (2) greatest WEAKNESSES in working with children?

7. What do you do when you become angry or frustrated? (BE SPECIFIC)

8. What causes you stress & how do you deal with it?

9. Do you have children? If so, complete the section below?

<u>Name</u>	<u>Gender</u>	<u>Age</u>	<u>Does the child reside with you?</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Will your children in any way prevent you from performing your job duties as a house parent or adversely affect the environment of our residents? If so, please explain below:

11. Please explain (in detail) your housekeeping routine:
