

Sonshine School

Application for Employment

Position for which you are applying:

Date:

Name:

first

middle

last

Age 18 or older?

U. S. Citizen?

Social Security No.:

TX Driver's License No.:

Address:

street

city

state

zip

Phone No.:

Cell Phone:

E-Mail:

Did you graduate from High School or receive a GED?

Yes

No

Education

| College or University | Location City and State | Dates Attended | | Graduated Yes/No | Type of Diploma | Major Field of Study |
|-------------------------|----------------------------|----------------|----|---------------------|--------------------|----------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Technical or Vocational | | | | | | |
| | | | | | | |
| | | | | | | |

Describe any other special training you have had which you feel is pertinent. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

Employment History

| Employer | position | supervisor | beginning date | ending date | duties | reason for leaving |
|----------|----------|------------|----------------|-------------|--------|--------------------|
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Volunteer Experience

Please list any volunteer activities that you feel are pertinent.

| Organization | Duties | Dates | Supervisor |
|--------------|--------|-------|------------|
| | | | |
| | | | |
| | | | |

References (non-relatives)

Please include your minister or other church leader.

| Name | Relationship | Phone number | Address |
|------|--------------|--------------|---------|
| | | | |
| | | | |
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Health

Do you have any handicapping conditions; chronic conditions; or serious physical, mental, or emotional illness that would prevent you from coming to work or doing the job you have applied for?

Are you physically able to perform the duties of the job for which you are applying?

What is your current health condition?

excellent

good

fair

poor

Criminal Charges/Convictions

Have you ever been convicted of a felony or misdemeanor?

If "yes," give details including type of conviction and disposition, date, and location.

Do you have any felony or misdemeanor charges pending with the county or district attorney?

Are you now under the terms of a deferred adjudication?

If "yes" to either question, please explain including type of charge, county where charges are pending or length of deferred sentence, court no., and location.

Have you ever been investigated for abusing or neglecting a child? If "yes," please explain.

Character

Are you a Christian? If "yes," please share how and when you became a Christian.

Do you have a church home? Where?

How would you describe your personality?

What do you consider to be your greatest strengths?

Why do you want to work at Sonshine School?

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I authorize Sonshine School to contact the persons on this form.

I understand that the School may contact others and, at any time, seek verification of any and all information on this form.

I understand that any willful misrepresentation is cause for immediate denial of the application or later dismissal.

signature

date