



Sunrise Children's Services

Application for Employment

Thank you for your interest in becoming a staff member of Sunrise Children's Services. Please review the information and answer the questions below to help us in evaluating you as a potential employee.

Section 1: Agency's Purpose and Expectations of Employees

Sunrise Children's Services is a ministry operated under the direction of a board of directors elected by the Kentucky Baptist Convention. Our mission is to provide care and hope for hurting families and children through Christ-centered ministries. Every employee is a role model for the children and families under Sunrise Children's Services care; therefore, employees are expected to exhibit values in their professional conduct and personal lifestyles that are consistent with our understanding of the Christian mission and purpose of the organization.

Because of Sunrise's religious heritage, we honor Biblical family values as a faith-based organization. While we love and respect all people, there are times we are unable to afford employment or foster care opportunities or accept some individuals or couples because of these values. We are privileged to refer any such applicants for employment or potential foster care opportunities to other child care providers in the Commonwealth who will be a better fit for them.

As an applicant, I have read and understand the Agency's Purpose and Expectations of Employees.

Signature of Applicant: _____ **Date:** _____

As the interviewer, I have discussed the purpose and expectations of employees with the applicant during a formal interview.

Signature of Interviewer: _____ **Date:** _____

Please complete application in ink.

Section 2: Position Sought

Position(s) desired: _____

Full time On-Call Other

Referred by: _____

Section 3: Personal Summary

Name: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____ County: _____

Do any of your relatives work for the agency? If yes, identify: _____

Are you legally eligible to work in the United States? _____

Are you presently employed? _____ If yes, may we contact your employer? _____

Are you over 21 years of age? Yes No

What is the minimum rate of pay you expect? _____

For Office Use Only

Section 4: Education Summary

Note: Proof of education is required for employment.

Name, City, State of Schools Attended	Major Course of Study	Did you graduate?	Degree/Diploma
High			
College			
Graduate			
Technical/Vocational			

List licenses or certifications you possess: _____

Section 5: Experience Summary

List each job held, starting with your present or most recent. If you need additional space, continue on a separate sheet.

Employer Name & Address:		
Employment Date:	From:	To:
Job Title:		
Duties:		
Supervisor:	Name:	Phone:
Reason for Leaving:		
Salary:		

Employer Name & Address:		
Employment Date:	From:	To:
Job Title:		
Duties:		
Supervisor:	Name:	Phone:
Reason for Leaving:		
Salary:		

Section 5: Experience Summary (Continued)

Employer Name & Address:		
Employment Date:	From:	To:
Job Title:		
Duties:		
Supervisor:	Name:	Phone:
Reason for Leaving:		
Salary:		

Employer Name & Address:		
Employment Date:	From:	To:
Job Title:		
Duties:		
Supervisor:	Name:	Phone:
Reason for Leaving:		
Salary:		

List special skills you possess: _____

Identify computer programs and/or office equipment you can operate: _____

Section 6: References

List three work-related references and one other reference with address and telephone number.

	Work-related	Relationship
1.	_____	_____

2.	Work-related	Relationship
	_____	_____

3.	Work-related	Relationship
	_____	_____

4.	Other	Relationship
	_____	_____

Section 7: Additional Questions

The information requested below is needed for a legally permissible reason including, but not limited to: licensure considerations, a legitimate occupational qualification, or business necessity.

Have you been convicted of any of the following: any felony, including but not limited to, an offense against a person or family, drug use, or public indecency; or any misdemeanor classified as an offense against the person or family?

Yes: _____ No: _____

If yes, explain fully: _____

Are you subject to any pending criminal charges?

Yes: _____ No: _____

If yes, explain fully: _____

Do you have a valid driver's license? Yes: _____ No: _____

Section 8: Release Authorization and Certification:

Please read the following section carefully before signing!

For this type of employment, state law requires a criminal background check as a condition of employment. Sunrise also requires a negative drug screen.

I authorize Sunrise Children's Services, Inc. to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment, character, health or credit. I hereby unconditionally release from liability for any damage, whether caused directly or indirectly from giving or receiving this information or opinions, Sunrise Children's Services, Inc. and any informant contacted whether named or unnamed.

I understand that no contract of employment and no promise of employment for a definite period of time, whether express or implied, shall be effective or binding on Sunrise unless expressly set forth in a separate written document and signed by the president of Sunrise.

I understand that if employed, I will be required to follow the personnel policies and rules of the institution and that infractions of such rules may lead to my discharge. In the event of employment, I understand that any false or misleading information given on this information sheet or in an interview may result in discharge and that, as an employee, I will be subject to a post-offer employment drug screen.

I understand that if employed, I will be required to follow the procedures set forth in Sunrise's Dispute Resolution Plan, instead of court proceedings, to address any legal claims I may have arising out of my employment. By accepting employment with Sunrise, I willingly agree to waive any right I would otherwise have to a jury trial on such legal claims.

Signature of applicant: _____ Date: _____

In compliance with federal law, Sunrise Children's Services does not illegally discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in employment. Sunrise has designated certain positions of employment as positions for which an employee's religion is a bona fide occupational qualification. Sunrise reserves the right to hire persons for those positions who meet the requisite qualifications.

APPLICANT INFORMATION FORM

Dear Applicant:

In order for us to meet federal record keeping requirements, we request that you answer the following personal questions. This information is voluntary and refusal to provide it will not result in any adverse treatment. This information will not be used for any purpose in the employee selection process. If you have any questions about this questionnaire, please do not hesitate to ask to speak to a representative of the Human Resources Department.

PLEASE PRINT:

1. Position Desired _____ Date _____

2. Full Name _____

3. Sex (check one) ☐ Male ☐ Female

4. Ethnicity Origin:

Are you Hispanic or Latino? Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Yes

☐ No

Continue with question 5 ONLY if you answer ~~No~~ to question 4.

5. Race and Ethnic origin (check one):

☐ White (not Hispanic origin): Persons having origins in any of the original peoples of North Africa, Europe, or the Middle East.

☐ Black/African American: Persons having origins in any of the Black racial groups of Africa.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

☐ American Indian or Alaskan: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

☐ Two or more races: All persons who identify with more than one of the above five races.