



SUNPORCH

A simple, beautiful life

Application for Employment

Sunporch is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name _____
Last First Middle

Address _____
Street Apt. # City State Zip Code

Telephone _____ Current Driver's License (if applicable) ___ Yes ___ No

Position(s) applied for: _____

Have you applied here before? ___ Yes ___ No If yes, give date: _____

Are you employed now? ___ Yes ___ No On what date are you available for work? _____

Are you available to work ___ Full-time ___ Part-time ___ Shift work ___ Temporary

What languages do you speak fluently (if applicable)? List: _____

Are you 18 or older? ___ Yes ___ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

___ Yes ___ No

If yes, please complete the following:

Conviction: _____ Location: _____ Date: _____

Result or outcome: _____

SUNPORCH IS AN EQUAL OPPORTUNITY



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E D U C A T I O N			
	High School	Trade Schools	College/University
School Name			
Diploma/Degree			
Certificate Received			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

List your past four (4) employers including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

May we Contact: Yes _____ No _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed: From _____ To _____

Salary: Starting _____ Final _____

Reason for Leaving: _____

Work Performed: _____

May we Contact: Yes _____ No _____



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Dates Employed: From _____ To _____

Salary: Starting _____ Final _____

Reason for leaving: _____

Work Performed: _____

May we Contact: Yes _____ No _____

Please summarize your job-related skills or specialized training:

List job-related special accomplishments, projects, awards. (Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):



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REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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List any additional information you would like us to consider.
