

Sunshine Rescue Mission Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: Applicant Information **Applicant Name:** Address City, State and Zip Code: Telephone (Cell) Number: **Email Address:** Date of Application: **Employment Position** FT / PT How did you hear about this position? What days are you available for work? What hours or shift are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired? Do you have reliable transportation to and from work? **Personal Information** Have you ever applied to or worked for Sunshine Rescue Mission Inc. before? Yes No. If yes, when? Do you have any friends, relatives, or acquaintances working for Sunshine Rescue Yes No. Mission Inc. If yes, state name & relationship: Are you 18 years of age or older? Yes No. Are you a U.S. citizen or approved to work in the United States? Yes No. What document can you provide as proof of citizenship or legal status?



124 S San Francisco St Flagstaff, AZ 86001 928-774-3512

Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
f yes, please describe accommodations required below:		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
f yes, please state the nature of the crime(s), when and where convicted and dispo		1,
case:		
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(Note: No applicant will be denied employment solely on the grounds of conviction		
offense. The date of the offense, the nature of the offense, including any significant the description of the event, and the surrounding circumstances and the relevance the position(s) applied for may, however, be considered.)	details that a	affect
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(Note: Sunshine Rescue Mission Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)



Education and Training

Luucadon and Training			
High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College / University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School / Spec	cialized Training / other Ce	ertifications	
Name	Location (City, State)	Year Graduated	Degree Earned
			-
Military Sarvice			
Military Service			
Are you a member of the	Armed Services?		Yes No
What branch of the milita	ry did you enlist?		
What was your military ra	ank when discharged?		
How many years did you	serve in the military?		
What military skills do yo	u possess that would be a	n asset for this position?	
Previous Employment			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:	From:	To:	
Reason for leaving:			



Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:	From:	To:	
Reason for leaving:			
Employer Name:	Mark to	9 Miles	
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:	From:	To:	
Reason for leaving:			
References:			
Please provide 2 person	nal and professional refere	nce(s) below:	
Deference		Contact Information	
Additional Information):		
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What Church do you attend?
AT- WILL EMPLOYMENT
The relationship between you and the Sunshine Rescue Mission Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Sunshine Rescue Mission Inc. No representative of Sunshine Rescue Mission Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Director or Director.
Print Name:
Applicant Signature:
Datas