



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 EMPLOYER



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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 _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor: _____

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.



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ACKNOWLEDGEMENT

I understand that Sunporch is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize Sunporch to contact any Company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to Sunporch. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from Sunporch and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at Sunporch is "at-will" and may be terminated by myself or by Sunporch at any time, with or without cause or notice. I understand that no representative of Sunporch has the authority to make any assurance to the contrary.

Signature

Date



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Organization at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Validity Screening Solutions, PO Box 25406, Overland Park, KS 66225-5406, (866) 915-0792, www.validityscreening.com, and/or Organization itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

(Include email address: _____)

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish



reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

(Include email address: _____)

www.validityscreening.com/site/privacypolicy

Print Name: _____

Date: _____

Signature: _____

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* _____

Primary Email Address _____

State of Driver's License _____ Driver's License # _____

Present Address _____ Phone Number _____

City/State/Zip

*This information will be used for background screening purposes only and will not be used as hiring criteria.



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A simple, beautiful life

