



# SUNSHINE YOUTH SERVICES, INC.

SYS is an equal opportunity employer and a drug-free workplace.

## Application for Employment

### Personal Information

Last Name	First	Middle	Prior Names or Aliases	E-Mail Address
Street or P.O. Address		City, State, Zip Code		Home Phone
Driver's License Number & State of Issuance			Social Security Number (Attach a copy)	
Emergency notification: Last Name, First Name, Address, City, State, Zip Code			Home Phone	Business Phone
Are you 19 years of age or older? Yes _____ No _____	Are you a U.S. citizen? Yes _____ No _____ If "No", then do you possess any of the required documents which permit you to work here? (Attach a list of the documents necessary for verification) Yes _____ No _____			
Have you ever been convicted of a misdemeanor or felony? Include any sealed or expunged convictions, and any arrests for which you were not convicted including juvenile history. Yes _____ No _____ Explain conviction(s):				
Position for which you are applying	Date on which you can begin work	Shift Preferred <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Overnight		How did you learn of SYS?
Location for which you are applying: <input type="checkbox"/> Gulf & Lake Academy, Lutz <input type="checkbox"/> Polk Halfway House, Bartow <input type="checkbox"/> Riverside Academy, Tampa <input type="checkbox"/> Hillsborough Academy, Tampa <input type="checkbox"/> Columbus Juvenile Residential Facility, Tampa				

### Educational Background

SYS will require transcripts for some positions.

High:	Name and Location of School	Completed? Yes No	Years Attended	Major/Focus
College 1:		Yes No		
College 2:		Yes No		
Other:		Yes No		

### Employment History

Provide your employment history. Explain any employment gaps of four weeks or more.

① Company Name	Address		Telephone
Supervisor's Name	Weekly Pay Start:	End:	Employment Dates From: / To: /
Job Title and Responsibilities		Reason for Leaving	
② Company Name	Address		Telephone
Supervisor's Name	Weekly Pay Start:	End:	Employment Dates From: / To: /
Job Title and Responsibilities		Reason for Leaving	
③ Company Name	Address		Telephone
Supervisor's Name	Weekly Pay Start:	End:	Employment Dates From: / To: /
Job Title and Responsibilities		Reason for Leaving	
④ Company Name	Address		Telephone
Supervisor's Name	Weekly Pay Start:	End:	Employment Dates From: / To: /
Job Title and Responsibilities		Reason for Leaving	

Explanation of Employment Gaps

**Personal References**

Please exclude prior supervisors and members of your family.

① Name	Address	Telephone
② Name	Address	Telephone
③ Name	Address	Telephone

**Military Service History**

Complete this section if you served in the U.S. Armed Services. SYS may request discharge certification.

Branch of Service	Period of Active Duty From:        /        /	To:        /        /	Date of Final Discharge
Describe your duties and any special training:			

**Comments**

Please respond to the following questions. Attach an extra page if needed.

What do you have to offer this position?
Why does this program appeal to your interest?

**Informed Consent**

Please read carefully before signing.

I certify that to the best of my knowledge the statements contained herein and on all attachments are accurate and made in good faith. I am aware that any omissions or falsifications may disqualify me for employment considerations and, if I am hired, may be grounds to termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies and others to investigators and personnel staff. In addition, I hereby consent for the release of my college transcripts to Sunshine Youth Services, Inc., to provide verification of my educational background. This consent shall continue to be effective during my employment if I am hired.

I understand that I may be required to undergo physical and psychological examinations, including drug testing, by physicians or psychologist of the employer's selection following an offer of employment. I understand that my inability to do the essential functions of my job as documented by such examinations may prevent me from being in the employer's service.

I hereby consent to allow Sunshine Youth Services, Inc. or any of its officers, employees or outside agencies to check my background, employment history, character personality and personal habits. I hereby release all persons responding to such inquiries from any liability for any damages arising from its reliance on or use of information supplied by third parties, responding to inquiries authorized herein.

If accepted for employment, I agree to abide by the rules and policies of the employer. I understand and agree that I am free to terminate my employment at any time with or without cause and with or without notice. I further understand and agree that the employer has the same rights as I do to terminate my employment with or without cause. I understand that no representative of the employer has nay authority to enter into any agreement contrary to the policies of the employer.

I understand that if Sunshine Youth Services, Inc., uses an outside firm to check my background information, the agency will provide, upon my written request, the name and address of the firm that is checking my record so that I may contact it for further information.

I understand that it is the policy of Sunshine Youth Services, Inc., to provide equal opportunity and employment for all qualified persons, without regard to race, color, religion, sex, age, national origin, ancestry, citizenship, place of birth, physical or mental handicap or marital status and to prohibit unlawful discrimination and unlawful harassment in employment based on any of the above factors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Applications for employment are considered active for a period of three (3) months.