



**APPLICATION FOR
EMPLOYMENT**

**AN EQUAL
OPPORTUNITY EMPLOYER**

PLEASE PRINT

Date: _____

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____
No. Street City State Zip

Permanent Address: _____
(If different from above) No. Street City State Zip

Home Telephone: (_____) _____ Business Telephone: (_____) _____

EMPLOYMENT DESIRED

Position for which you are applying: _____

Are you applying for:

Regular full-time work? Yes _____ No _____

Regular part-time work? Yes _____ No _____

Temporary, e.g., summers or holiday work? Yes _____ No _____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? _____

Are you available for work on weekends? Yes _____ No _____

Will you be available to work overtime, if necessary? Yes _____ No _____

If hired, on what date can you start work? _____ Salary desired: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Sunrise Company or any of our affiliates before? Yes _____ No _____

If yes, when: _____

Do you have any friends or relatives working for Sunrise Company or any of our affiliates? Yes _____ No _____