



Dear Applicant:

Thank you for taking time to fill out a pre-employment application. However, before you fill out the application, please take a few minutes to read the statements below:

1. Please answer each question completely on the application even though you have included a resume. No action can be taken on this application until all the questions have been answered.
2. **Sun Health** abides by Employment-At-Will where employment may be terminated by the employee or by the company at anytime for any reason or no reason at all, with or without prior notice.
3. Drug testing is a condition of employment at **Sun Health**.
4. There is the possibility of employees coming in contact with living animals within the scope of their daily duties including, but not limited to, dogs, cats and birds. We feel it is in the best interest of the facility and potential employees to share this information with all applicants.
5. A background and license check will be conducted as a condition of employment at **Sun Health**. Finger printing may also be a part of the background check process.

An offer of employment is contingent on the passing of the pre-employment drug screen and background/license checks. Please note, **all Sun Health campuses are Tobacco Free.**

Your cooperation in these matters is greatly appreciated.

Human Resources

Which location are you applying for?

☐ **Grandview Terrace**
14515 W. Granite Valley Drive
Sun City West, AZ 85375

☐ **La Loma Village**
14154 S. Denny Boulevard
Litchfield Park, AZ 85340

☐ **The Colonnade**
19116 Colonnade Way
Surprise, AZ 85374

☐ **Sun Health Corporate Office**
14719 W. Grand Avenue
Surprise, AZ 85374

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for positions equally without regard to their race, sex, age, color, religion, national origin, ancestry, genetic information, or marital status or any disability which is not job related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date: _____

PERSONAL:

Name _____
Last First Middle Home Phone

Present Address _____
No. Street City/State Zip

Mailing Address _____
No. Street City/State Zip

Are you over 18? Yes (☐) No (☐)

Do you have the legal right to be employed in the U.S.? Yes (☐) No (☐)

EMPLOYMENT DESIRED:

Are you seeking: Full-time (☐) Part-time (☐) Temporary employment (☐) Pool (☐)

Position applied for _____ Salary desired _____

Location desired Grandview Terrace (☐) La Loma Village (☐) The Colonnade (☐) Sun Health Corporate (☐)

Date available to start _____

Have you ever applied to our company before? Yes (☐) No (☐)

Have you ever worked for our company before? Yes (☐) No (☐)

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position: _____

Are there any days or hours you would be unwilling to work? Yes (☐) No (☐)

If yes, please specify those days or hours you would be unable or unwilling to work

EDUCATION:

Name, Address and Location	Graduate	Courses Studied
High School	Yes (<input type="radio"/>) No (<input type="radio"/>)	Diploma:
College	Yes (<input type="radio"/>) No (<input type="radio"/>)	Degree:
Trade School	Yes (<input type="radio"/>) No (<input type="radio"/>)	Diploma:

List and describe any other Schooling or Specialized Training.

HEALTH AND WELFARE:

Are you willing to take a physical exam and a drug screen? Yes (☐) No (☐)

Are you willing to be fingerprinted? Yes (☐) No (☐)

Are you willing to consent to a background check? Yes (☐) No (☐)

CAPABILITY:

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job you are applying for? Yes (☐) No (☐)

If yes, explain:

WORK HISTORY

In the areas below, please list your past work experience, beginning with your most recent employment, **for at least the past 10 years**. Military experience and volunteer work may also be included as employment. **NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely.** If you need additional space, attach extra copies of this page.

Employer Name _____ Address _____ City/State/Zip _____ Phone _____	Job Title _____ Duties _____ _____ Reason for Leaving _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Pay _____ Supervisor's Name _____
Employer Name _____ Address _____ City/State/Zip _____ Phone _____	Job Title _____ Duties _____ _____ Reason for Leaving _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Pay _____ Supervisor's Name _____
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Employer Name _____ Address _____ City/State/Zip _____ Phone _____	Job Title _____ Duties _____ _____ Reason for Leaving _____	From ____/____/____ Month Day Year To ____/____/____ Month Day Year Pay _____ Supervisor's Name _____

Please explain any gaps in your employment history

Are you presently employed?

Yes (☐) No (☐)

If yes, may we contact your present employer?

Yes (☐) No (☐)

Have you ever been fired, or asked to resign, from a job?

Yes (☐) No (☐)

If yes, please explain:

Please list all professional or occupational licenses or certificates you possess, including the license or certificate number AND the state in which it is held. Please state if the license or certificate is in good standing:

Have you ever been denied a professional license or had a license revoked, suspended, placed on probation, limited or restricted in any way by any state, federal or regulatory board?

Yes (☐) No (☐)

If yes, please explain:

Have you ever had a complaint filed against your license?

Yes (☐) No (☐)

If yes, please explain even if the complaint was dismissed:

Have you ever been convicted of a felony crime?*

Yes (☐) No (☐)

**A conviction will not necessarily bar you from employment*

If yes, please explain:

Have you been convicted of **any crime in the past ten years**, excluding moving violations, which has not been annulled, expunged or sealed by a court?

Yes (☐) No (☐)

If "yes", please provide a copy of the final court documents AND describe conviction circumstances in full: (Conviction will not necessarily bar employment)

Do you type? Yes (☐) No (☐) Words per minute _____

Have you had any computer or word processing experience or training? Yes (☐) No (☐)

If yes, please describe:

Use the space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION

Who should be contacted in case of emergency?

Name _____
Last First Relationship Home Phone

Street Address _____
No. Street City/State Zip

AFFIDAVIT

PLEASE READ CAREFULLY AND SIGN BELOW

I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations or omissions of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by **Sun Health** that such employment with **Sun Health** is at will, for no specified duration, and may be terminated by either **Sun Health** or myself at any time, with or without cause or notice. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by **Sun Health's** president or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of **Sun Health** or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that if offered a position with **Sun Health**, I may be required to submit to a pre-employment medical examination, drug screening, finger printing and a background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize **Sun Health** and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to **Sun Health** and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Please Print Name

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RACE AND ETHNIC SELF-IDENTIFICATION

Sun Health is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, **Sun Health** invites applicants and employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

PLEASE COMPLETE IN FULL:

Date: _____ Position: _____

Name: _____ Sex: ☐ Male ☐ Female

Please check one of the descriptions below corresponding to the race/ethnic group with which you most identify.

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.
- ☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.