



SUNRISE ENTERPRISES

Main Office: 3005 NE Diamond Lake Blvd
Roseburg, OR 97470
541-673-0195

Application for Employment

(Equal Opportunity Employer)

Sunrise Enterprises of Roseburg, Inc. is proud to be a drug-free workplace. All employment offers will be contingent on successful completion of drug testing and other background checks, including work references and criminal history.

PLEASE PRINT – This application must be filled out completely, including **Job Posting Number**, to be considered valid.

General Information

Name (Last, First, Middle):		Email Address:	
Current Mailing Address:		Telephone Number:	
City, State, Zip:			
Which Position applying for (must designate):		Date Available for Employment:	Wages Desired:
Job Posting NUMBER (required):			
Have you ever been employed by Sunrise Enterprises?		If So, When?	What Position?
Yes No			
What type of employment status are you seeking?			
Full-Time Part-Time Temporary Seasonal			
What shifts would you be available to work?			
Days Swing Weekends Any Shift			
Overtime work may occasionally be required. Does this pose a problem for you?			
Yes No If Yes, Explain:			
Are you currently employed?		May we contact your current employer?	If not, please give the reason:
Yes No		Yes No	
Are you at least 18 years of age?		Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status?	
Yes No		Yes No	
Do you have a valid Oregon driver's license?			
Yes No If so, license number:			
Have you reviewed a job description that describes the essential functions of the position for which you are applying? (Job descriptions may be obtained from the Main Office)			
Yes No			
Are you able to perform the essential functions of the job(s) for which you are applying?			
Yes No			

This company is an equal opportunity employer. We consider applicants for all positions without regard to age, color, national origin, religion, disability, sex, protected Veterans or other protected status in accordance with applicable state equal opportunity laws.

Education				
	Name and Location of School	Graduated Yes or No	Major Study	Degree or Certification
High School				
College or Vocational				
Graduate Studies				
Other Formal Education				

Special Skills, Qualifications and Considerations

Summarize special skills and qualifications, volunteer activities, military experience, employment, computer skills and programs, exposure to individuals with mental, intellectual or developmental disabilities, or other activities related to the job you are seeking:

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References

List three non-relatives who are familiar with your qualifications and actual work history and ability

Name	Occupation / Relationship	Years Known	Telephone Number
1.			
2.			
3.			

Employment History

A resume may be included as a supplement to the completed application. **However, a resume will not be accepted in lieu of completion of the employment history information requested below and on the next page.** Start with your present or most recent employer first. List your last four jobs in order. DO NOT omit any.

Name of present or last employer:	Address (Street, City, State, Zip):	Phone Number:
Starting Date: Mo Year	Leaving Date: Mo Year	Reason for Leaving:
Last Position Held:	Supervisor's Name:	Supervisor's Title:
Describe your responsibilities:		
What did you like best about your job?		What did you like least about your job?

<u>Prior Employer #1</u>				
Name of prior employer:		Address (Street, City, State, Zip)		Phone Number
Starting Date Mo Year	Leaving Date Mo Year		Reason for Leaving:	
Last Position Held:		Supervisor's Name:	Supervisor's Title:	
Describe your responsibilities:				
What did you like best about your job?			What did you like least about your job?	
<u>Prior Employer #2</u>				
Name of prior employer:		Address (Street, City, State, Zip)		Phone Number
Starting Date Mo Year	Leaving Date Mo Year		Reason for Leaving:	
Last Position Held:		Supervisor's Name:	Supervisor's Title:	
Describe your responsibilities:				
What did you like best about your job?			What did you like least about your job?	
<u>Prior Employer #3</u>				
Name of prior employer:		Address (Street, City, State, Zip)		Phone Number
Starting Date Mo Year	Leaving Date Mo Year		Reason for Leaving:	
Last Position Held:		Supervisor's Name:	Supervisor's Title:	
Describe your responsibilities:				
What did you like best about your job?			What did you like least about your job?	
<u>Prior Employer #4</u>				
Name of prior employer:		Address (Street, City, State, Zip)		Phone Number
Starting Date Mo Year	Leaving Date Mo Year		Reason for Leaving:	
Last Position Held:		Supervisor's Name:	Supervisor's Title:	
Describe your responsibilities:				
What did you like best about your job?			What did you like least about your job?	
<u>Unemployment</u>				
Account for all periods of unemployment longer than one month during the last ten years:				

Sunrise Enterprises performs Criminal History Background checks through the State of Oregon for all employees as required by Oregon Law. There is a list posted both on our website and in our main office that details what crimes are automatically denied. PLEASE MAKE SURE TO REVIEW THIS LIST. In addition, other crimes may be "Potentially" disqualifying. A background check will be completed if you are offered a position that reviews ALL your criminal history in the U.S. as well as any abuse and/or neglect reports through the State of Oregon. I also understand I will be asked to submit to a pre-hire drug test.

I have read the above paragraph: _____ (please initial)
 Do you have any "founded" reports of abuse or neglect for children or adults? Yes No

REFERRAL SOURCE:

How did you learn of this position? (check all that apply)
 Newspaper Walk-In Employment Office Private Agency Store Posting
 Website Craigslist Employee Referral
 Please give employee name: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

Print Name: _____

I certify that all answers and statements I have made on this application (and accompanying resume or other supplementary materials, if any) are true and complete. I understand that any false or misleading information or omissions will disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date. I authorize any of the persons or organizations named in this application to give Sunrise complete information and records regarding my employment, education, character, and qualifications. I also agree to release Sunrise from liability connected to any information that is obtained. Yes No

I understand that I will be responsible for familiarizing myself with all rules and regulations of Sunrise Enterprises of Roseburg, Inc. as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Sunrise or at my option, without notice, except as specifically set forth in writing in a current individual employment agreement signed by the CEO. Yes No

I also understand that no representative of Sunrise Enterprises has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by the CEO. Yes No

I have completed (filled out) this application myself. Yes No
 If NO, name of person who completed application: _____

Signature of person who completed application for applicant: _____

X _____

Relationship to applicant: _____

I have read, understand, and agree with the above statements. I also understand that I will not be considered for employment if this application is incomplete.

X

Signature of Applicant

Date

Job Skills Self-Evaluation

In order to place you in the position that best fits your skill, complete this worksheet as part of your job application.

Applicant Name _____ Date _____

Please mark the skills you possess and score each one with what level you possess. A score of 0 would mean you don't possess that skill or have never been asked to perform that function before. A score of 5 means you consider yourself an expert.

0 = never done it before

1 = very seldom

2 = a few times

3 = have done it regularly

4 = consider myself good at it

5 = consider myself an expert (and could teach a class on it)

Office Skills

- _____ keyboarding
- _____ fax machine
- _____ Copy machine
- _____ Multi-line telephone
- _____ adding machine
- _____ Bank Deposits
- _____ AP/AR
- _____ Payroll Systems
- _____ Writing/Editing

Computer Programs

- _____ email
- _____ Microsoft Excel
- _____ Microsoft Word
- _____ Word Perfect
- _____ Microsoft Publisher
- _____ Windows Movie Maker
- _____ Internet applications (Google, Firefox, Yahoo, Facebook)
- _____ Computer games

Please list other computer programs you have used regularly.

Driving Skills

- _____ Delivery position small vehicle
- _____ Driven large passenger van
- _____ Driven large panel van
- _____ Driven Semi

Retail Skills

- _____ Cash Register
- _____ Making Change without a register
- _____ Merchandising/displays
- _____ Floor Sales
- _____ Stocking Shelves
- _____ Customer Service
- _____ Balancing Till
- _____ Bank Deposits

Supervisory Skills

- _____ Supervised 1-5 employees
- _____ Supervised 6-10 employees
- _____ Supervised 10 or more employees
- _____ Completed Employee Evaluations
- _____ Trained other employees
- _____ Written reports for upper management

Labor Skills

- _____ Plumbing
- _____ Electrical
- _____ Basic Carpentry
- _____ Finish Carpentry
- _____ Landscaping

- _____ Drywall
- _____ Painting
- _____ Assembling
- _____ Assembly line/production work
- _____ Commercial Janitorial work

Accomplishments: Please write a paragraph of three to five sentences about your greatest personal accomplishment. It could be work or non-work related.

Soft Skills - Organize the following 11 skills in order as what YOU consider to be your best attributes. Use each number only once, starting with #1 being your best attribute.

- Positive Attitude _____
- Good Communicator _____
- Time Management _____
- Problem Solving _____
- Self Confidence _____
- Learn from Criticism _____
- Flexible _____
- Work under Pressure _____
- Work Ethic _____
- Team Player _____
- Attention to Detail _____

Learning Styles – With which method below do you receive and retain information the best/easiest? (Score yourself same as above 1 to 3, using each number only once).

- _____ Visual (reading, scanning)
- _____ Auditory (hearing, listening)
- _____ Kinesthetic (trying it, handling it)



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 www.SunriseEnterprisesInc.com

Invitation to Self-Identify

Dear Applicant:

Thank you for applying for a position with our company. We ask all applicants to provide the information requested below. The information is confidential; it is kept separate from your other application material. Providing this information is totally voluntary, and refusing to provide it will not result in any adverse treatment.

We are asking for this information because our company is a government contractor subject to Executive Order 11246. As part of our affirmative action program, the government requires us to track applicants' race and gender for statistical purposes. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race, religion, national origin, age, gender, disability or veteran status or any other status protected by law. Please check the appropriate boxes below and return to Sunrise's main office along with your application. Thank you!

Please print your name: _____

Job for which you are applying: _____

Gender	<p>Male</p> <p>Female</p>
Race or Ethnic Group	<p>White (not of Hispanic origin): All persons who have origins in any of the original peoples of Europe, North Africa or the Middle East.</p> <p>Black (not of Hispanic origin): All persons who have origins in any of the black racial groups of Africa.</p> <p>Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p>Asian or Pacific Islander: All persons who have origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.</p> <p>American Indian or Alaskan Native: All persons who have origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.</p>

Please turn over – more on back.

Our company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. The classifications are defined as follows:

1. A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
2. A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Protected Veteran	<input type="checkbox"/> I identify as one or more of the classifications of protected veteran listed above. <input type="checkbox"/> I am not a protected veteran.
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Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

-
- | | | | |
|-------------|----------------------|--|--|
| • Blindness | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral palsy | • Major depression | • Obsessive compulsive disorder |
| • Cancer | • HIV/AIDS | • Multiple sclerosis (MS) | • Impairments requiring the use of a wheelchair |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy | • Muscular dystrophy | | |
-

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.