

Job Application Form

This form must be completed by all applicants who want to work for Sunshine - in home care and assistance LLC.

LAST NAME	
FIRST NAME / MIDDLE NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
COUNTY	
SOCIAL SECURITY NUMBER	
AREA CODE & TELEPHONE NUMBER	
EMAIL ADDRESS	
Emergency Contact Person FIRST NAME, LAST NAME	
Emergency Contact Person Phone Number and relationship	

Each applicant must submit evidence of the following standards upon application. Please check the box to indicate that the documentation is included.

- Be at least 18 years of age
- Hold a high school diploma or GED (except for persons who held provider certification)
- Have a valid Social Security Number
- Have a State of Ohio identification, a valid driver's license, or other government-issued photo identification
- Have a current report from the Bureau of Criminal Identification and Investigation (BCII) which demonstrates he/she has not been convicted of or pleaded guilty to any of the offenses listed in division (E) of section 5126.28 of the Ohio Revised Code; a criminal record check by the Federal Bureau of Investigation is required for those who cannot present proof that they have been residents of Ohio for the five-year period prior to the date of the background investigation

Signature

Date

FOR OFFICE USE ONLY

Application Number	Received Date	Effective Date	8 hours Training Status