



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or non-job related disability. You will be considered only for the specific position for which you apply. If you want to be considered for other openings, you must reapply. Your application will be retained in our active file for 3 months. You should reapply if you wish to be considered after that time.

Date _____ Potential first day of employment _____

Position Applied for _____

Name _____ Social Security Number _____
Last First Middle

Current Mailing Address: _____
Street

City _____ State _____ Zip Code _____ Phone _____

Duration _____ years _____ months

Prior Mailing Address: _____
Street

City _____ State _____ Zip Code _____

Duration _____ years _____ months

Do you have the legal right to work in the United States? _____

Have you applied for a position at Sunrise before? _____ If yes, when? _____

Have you worked for Sunrise before? _____ If yes, where? _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Rate of pay expected _____ What date could you start work? _____

How were you referred to Sunrise: ☐ Ad ☐ Friend ☐ Relative ☐ Agency (Name _____)
☐ Other

When are you available to work? ☐ Full time ☐ Part time ☐ Temporary ☐ Nights ☐ Days

Can you work overtime as necessary? _____

Do you have a valid Drivers License? _____

Have you ever been convicted of a felony? _____ When? _____

If yes, please explain in detail (i.e., crime, place, etc.) _____

Have you ever been convicted of a DUI (driving under the influence)? _____ When? _____

Have you ever failed or refused to submit to a drug and/or alcohol test? _____ When? _____

Do you live within 30 minutes of Oakland, MD? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

Last School attended : _____
Name City

List any skills, special knowledge, degrees or licenses that would be helpful or required for the position for which you are applying? _____

EMPLOYMENT EXPERIENCE

List last three employers. If you have additional related experience, you may request and add another page. May we contact your current employer? ____

EMPLOYER		DATE	
NAME	FROM MO YR	TO MO YR	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes	No

EMPLOYER		DATE	
NAME	FROM MO YR	TO MO YR	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes	No

EMPLOYER		DATE	
NAME	FROM MO YR	TO MO YR	
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
SALARY/WAGE			
CONTACT PERSON	PHONE NUMBER		
REASON FOR LEAVING			
Were you subject to the FMCSRs while employed?		Yes	No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		Yes	No

REFERENCES

List at least 3 references. If you need, you may add an additional page. May we contact your references? _____

NAME	OCCUPATION	PHONE NUMBER
1.		
2.		
3.		

VETERAN STATUS

Which branch of service did you serve? _____

Dates: From _____ to _____

What was your rank in the military? _____

Specialty: _____

Discharge: Honorable or Otherwise

Are you now a member of the National Guard? Yes or No

Date Entered: _____

AGREEMENT

I certify that the answers given in this employment application are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information given in my application or interview(s) may disqualify me from further consideration or lead to my immediate dismissal from employment if I am hired. I also understand that if hired, I am required to abide by all rules and regulations of Sunrise. I agree to notify Sunrise immediately if I am ever convicted of a felony or any crime involving dishonesty or substance abuse, drug use, possession, or trafficking either while my job application is pending or during my period of employment, if I am hired.

I understand that neither this application nor any statement made to me during any pre-employment discussions or during employment with Sunrise can create a contract of employment. I understand that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time by the terms in this employment application form.

Signature of Applicant

Date

IF ANY PART OF THIS APPLICATION HAS NOT BEEN COMPLETED THIS APPLICATION WILL NOT BE CONSIDERED

PLEASE EMAIL, FAX, OR MAIL THIS APPLICATION TO:

SUNRISE SANITATION SERVICES

P.O. BOX 675

OAKLAND, MD 21550

301-334-6212—OFFICE

301-334-6215—FAX

SUNRISE@SUNRISESANITATIONSERVICES.COM

OFFICE APPLICATION FOR EMPLOYMENT ADDENDUM

OFFICE SKILLS

FOR ANY ADDITIONAL SKILLS, PLEASE LIST ON ADDITIONAL PAPER				
SKILL SET	YEARS OF EXPERIENCE			
	0-1	1-3	3-5	5+
MICROSOFT WORD				
MICROSOFT EXCEL				
MICROSOFT PUBLISHER				
MICROSOFT OUTLOOK				
TRASHFLOW				
QUICKBOOKS				
INTERNET RESEARCH				
EBAY				
CRAIGSLIST				
GRAPHIC DESIGN				
SCHEDULING				
PROJECT MANAGEMENT				
DESIGN FLYERS/BROCHURES				

PERSONAL ATTRIBUTES

ARE YOU TIMELY?	YES	NO
DO YOU MAINTAIN A POSITIVE ATTITUDE?	YES	NO
DO YOU WORK WELL IN A TEAM?	YES	NO
DO YOU WORK WELL INDIVIDUALLY?	YES	NO
ARE YOU DETAIL ORIENTED?	YES	NO
ARE YOU WILLING TO ASSIST IN OTHER AREAS?	YES	NO