



## Sunshine Healthcare Staffing Employment Application

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### 1. Personal Information

- **Full Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_

- \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
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### 2. Position Applying For (Please select one)

- Registered Nurse (RN)
  - Licensed Practical Nurse (LPN)
  - Certified Nursing Assistant (CNA)
  - Respiratory Therapist (RT)
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### 3. Shift Preference (Please select one)

- Day Shift
  - Evening Shift
  - Night Shift
  - Rotating Shift
  - Weekend Only
- 

### 4. How many shifts would you like to work per month?

- 1-4 shifts
  - 5-8 shifts
  - 9-11 shifts
  - 12 or more shifts
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### 5. Professional License Number (if applicable):



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**License Expiration Date:**

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**Are you licensed in Florida for the position you are applying for?**

- Yes  
 No

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**6. Are you BLS (Basic Life Support) Certified?**

- Yes  
 No

**BLS Expiration Date:**

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**7. Do you require visa sponsorship to work?**

*(Please note: We do not provide sponsorships at this time. Please apply when you do not require sponsorship.)*

- Yes  
 No

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**8. What day can you start working?**

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**9. Criminal History**

Have you ever been convicted of a crime or pleaded guilty to a criminal offense?

*(Please note: answering "yes" does not automatically disqualify you from employment. The nature of the offense, date, and position applied for will be considered.)*



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- Yes
- No

If yes, please provide details:

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### 10. Highest Level of Education Completed *(Please select one)*

- GED
- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- None of these

### 11. Education

Institution Name	Degree/Certification	Field of Study	Start Date	Graduation Date /Completion Date

### 12. 10-Year Work History

*(Please list your work history for the last 10 years, starting with your most recent position)*

Employer Name	Position	Start Date	End Date	Reason for Leaving



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### 13. Additional Identification and Documentation

*Please note: If selected for employment, you will be asked to provide additional identification information. Positions may also require additional documentation depending on the facility placement.*

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### 14. Drug Screening Notice

*Please note: If selected for employment, you will be required to complete a drug screening test prior to starting.*

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### 15. Additional Information or Notes

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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