

# SunStates Management

723 Howard Ave. • Biloxi, Mississippi 39530 • 228-435-1642 • FAX 228-435-1649 • E-mail: sunstate@datasync.com

General Instructions
Type or print this application in ink in its entirety Specify the position for which you are applying Sign your name in the Certification Section. All information submitted is subject to verification.

Position Applied For: _____
Location: _____
Title: _____
Minimum Accepted Salary: _____
Date Available to Start: _____

Contact Information		
Your Name _____	Social Security Number _____	
Mailing Address _____		
City _____	State _____	Zip Code _____
Home Phone _____	Business Phone _____	Cellular Phone (if applicable) _____

### EDUCATION

High School:	
Name/Location of School: _____	Received: Diploma _____ None _____ (check one) Other (specify) _____
Your Name, If Different While Attending School: _____	

College, University or Professional School: (Transcripts May be Required)					
Name of School	Location	Dates of Attendance		Major/Minor Course of Study	Type of Degree
		From	To		

Your Name, If Different While Attending School: \_\_\_\_\_

Job Related Training or Course Work: (Vocational, Trade, Governmental, Business, Armed Forces, Etc.)					
Name of School	Location	Dates of Attendance		Course of Study	Training Complete?
		From	To		Enter Y or N

Your Name, If Different While Attending School: \_\_\_\_\_

### LICENSURE, REGISTRATION, CERTIFICATION Examples: A/C Certification, Real Estate License

License, Registration or Certification:	Number	Date Received	Exp Date	Licensing Agency

Revised March 3, 2005

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Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application.  
Resumes may be attached to provide additional information.

**KNOWLEDGE / SKILLS / ABILITIES (KSAs)**

List KSAs you possess and believe relevant to the position you seek, for example: computer skills, operating heavy equipment, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

The State of Mississippi hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. Yes \_\_\_\_\_  
No \_\_\_\_\_

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? Yes \_\_\_\_\_  
No \_\_\_\_\_

If "YES", what charges? \_\_\_\_\_  
Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

HAVE YOU EVER PLED NO CONTEST OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes \_\_\_\_\_  
No \_\_\_\_\_

If "YES", what charges? \_\_\_\_\_  
Where? \_\_\_\_\_ Date: \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes \_\_\_\_\_  
No \_\_\_\_\_

If "YES", what charges? \_\_\_\_\_  
Where? \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES**

List three business or work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

**CERTIFICATION**

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I give the employer the right to investigate all references to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. This employer is an Equal Opportunity Employer. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA. This application is current for only 60 days. I certify that to the best of my knowledge and belief all of the statements in this application and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PERIODS OF EMPLOYMENT**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be complete. Resumes may be attached to provide additional information.

Name of Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Present or Last Employer: \_\_\_\_\_  
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Duties & Responsibilities: \_\_\_\_\_  
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Duties & Responsibilities: \_\_\_\_\_  
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Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
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Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**AFFIRMATIVE ACTION VOLUNTARY INFORMATION**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Although the following information is not mandatory, it is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male \_\_\_\_\_

Race: (Check only one)

\_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ Native American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**SPECIAL NOTICE**

**To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:**

Government contractors subject to the Vietnam Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

\_\_\_\_\_ Vietnam era Veteran (served between 1964-1975)  
\_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Individual with a disability

# SunStates Management

723 Howard Avenue, Biloxi, Ms 39532 228.435.1642

## Employee Credit Report Release Form & Employee Criminal Background Release Form

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that my **Credit Report** will be processed upon the submission of my employment application to SunStates Management Corporation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I understand that a **Criminal and Sex Offender Background** check will be processed upon the submission of my employment application to SunStates Management Corporation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date