

Sunflower Sitters Referral Services, LLC

PROVIDER APPLICATION

To potential child care providers: If you are contracted to work with Sunflower Sitters Referral Services, LLC you will be a self-employed, independent contractor. Sunflower Sitters Referral Services, LLC will not take deductions from your paychecks nor will Sunflower Sitters pay you. You will be paid directly by the client at the time service is rendered. The pay rate is as follows:

- 1-2 children at \$9.00/hour
- 3 children at \$10.00/hour
- 4 children at \$12.00/hour
- Additional \$1.00/hour for each child when more than 4 children up to a maximum of 6 children
- Overnight care at \$125/24 hours; \$75/6 pm – 12 noon of following day(18 hours)

SUNFLOWER SITTERS IS INTERESTED IN PEOPLE WHO CAN REPRESENT OUR MISSION STATEMENT WHICH IS:

To serve the community of Lawrence and surrounding areas by matching the child care needs of families with reliable, responsible, experienced and caring child care providers and to provide this service in a consistent, user-friendly and professional manner.

IF YOU BELIEVE YOU CAN CONTRIBUTE TO SUNFLOWER SITTERS IN THE MANNER NOTED IN OUR MISSION STATEMENT, PLEASE COMPLETE THE FOLLOWING APPLICATION AND SUBMIT IT TO:

Sunflower Sitters Referral Services, LLC
369 Woodlawn Manor
Lawrence, Kansas 66049
785-830-8381

FULL NAME: (FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS: (STREET) (CITY) (STATE) (ZIP)

PREVIOUS ADDRESSES—PLEASE LIST ALL FOR THE PAST 5 YEARS--USE BACK FOR ADDITIONAL SPACE

(STREET) (CITY) (STATE) (ZIP)

HOME ADDRESS (if student): (STREET) (CITY) (STATE) (ZIP)

HOME PHONE #: CELL PHONE #: EMAIL ADDRESS:

EMERGENCY CONTACT:

ARE YOU 18 OR OVER? YES NO

HIGH SCHOOL: ADDRESS GRAD. DATE:

COLLEGE STUDENT? YES NO IF YES, YEAR IN SCHOOL:

NAME OF SCHOOL:

MAJOR:

PLEASE LIST ANY CHILD DEVELOPMENT/EDUCATION/PSYCHOLOGY COURSES COMPLETED AND DATES:

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

IN WHICH STATE IS IT ISSUED?

DO YOU HAVE A RELIABLE CAR? YES NO MAKE:

MODEL:

YEAR

COLOR:

SOCIAL SECURITY NUMBER (FOR BACKGROUND CHECK):

- -

LIST THREE PREVIOUS EMPLOYERS:

1. NAME:

2. ADDRESS:

3. PHONE NUMBER:

POSITION:

DATES EMPLOYED: _

RESPONSIBILITIES:

REASON FOR LEAVING:

1. NAME:

2. ADDRESS:

3. PHONE NUMBER:

POSITION:

DATES EMPLOYED:

RESPONSIBILITIES:

REASON FOR LEAVING:

1. NAME:

2. ADDRESS:

3. PHONE NUMBER:

POSITION:

DATES EMPLOYED:

RESPONSIBILITIES:

REASON FOR LEAVING:

PLEASE WRITE A PARAGRAPH DESCRIBING YOUR RECENT INTERACTIONS WITH CHILDREN:

WHICH AGES OF CHILDREN ARE YOU MOST INTERESTED IN WORKING WITH?

DO YOU ENJOY WORKING WITH CHILDREN WHO HAVE SPECIAL NEEDS? YES NO

DO YOU ENJOY BEING AROUND FAMILY PETS? YES NO

CAN YOU SWIM? YES NO WOULD YOU BE INTERESTED IN TAKING CHILDREN SWIMMING?

YES NO ARE YOU WILLING TO TRANSPORT CHILDREN? YES NO

DO YOU HAVE ANY MEDICAL CONDITIONS THAT COULD AFFECT YOUR PERFORMANCE ON THE JOB?

YES NO IF YES, PLEASE EXPLAIN

DO YOU SMOKE? YES NO

SOME PARENTS MAY MAKE A SPECIAL REQUEST FOR A PROVIDER THAT LOVES TO PLAY SPORTS OR, PERHAPS, TELL INCREDIBLE STORIES, KNOWS A FOREIGN LANGUAGE OR SIGN LANGUAGE. IF YOU HAVE ANY SPECIAL SKILLS, TALENTS OR INTERESTS PERTAINING TO CHILDREN, PLEASE LIST THEM HERE.

PLEASE LIST THREE CHILD CARE REFERENCES (NOT RELATED TO YOU):

1. NAME:
2. ADDRESS:
3. PHONE NUMBER:
4. IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

5. HOW LONG HAVE YOU KNOWN HIM/HER?
6. HOW OLD WERE THE CHILDREN YOU CARED FOR?

-
1. NAME:
 2. ADDRESS:
 3. PHONE NUMBER:
 4. IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

 5. HOW LONG HAVE YOU KNOWN HIM/HER?
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1. NAME:
 2. ADDRESS:
 3. PHONE NUMBER:
 4. IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

 5. HOW LONG HAVE YOU KNOWN HIM/HER?
 6. HOW OLD WERE THE CHILDREN YOU CARED FOR?

PLEASE LIST TWO PERSONAL REFERENCES:

1. NAME:
2. PHONE NUMBER:
3. IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON
4. YEARS KNOWN:

1. NAME:
2. PHONE NUMBER:
3. IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON
4. YEARS KNOWN:

THIS WORK REQUIRES A FLEXIBLE SCHEDULE TO FIT THE NEEDS OF FAMILIES. PLEASE LIST YOUR TIME AVAILABILITY IN BOTH DAYS AND HOURS AND THE DATE YOU ARE ABLE TO BEGIN:

Morning times

Afternoon times

Evening times

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

WHICH DAYS OF THE YEAR WOULD YOU NOT BE AVAILABLE?

WHEN CAN YOU BEGIN?

IF A FAMILY REQUESTS OVERNIGHT CARE, IS THIS SOMETHING YOU WOULD CONSIDER? YES NO

WE MAY OCCASIONALLY BE REQUESTED FOR EMERGENCY CARE WITH VERY LITTLE NOTICE. MAY WE CONTACT YOU FOR EMERGENCY/SHORT NOTICE (LESS THAN 24 HOURS) CARE? YES NO

ARE YOU CERTIFIED IN CPR? YES NO

ARE YOU CERTIFIED IN FIRST AID? YES NO

CAN YOU PROVIDE DOCUMENTATION OF THESE? YES NO

NAME OF CERTIFICATION:

DATE COMPLETED:

ARE YOU A U.S. CITIZEN? YES NO

HAVE YOU EVER BEEN CHARGED WITH A FELONY? YES NO

AFTER REVIEWING YOUR APPLICATION, WE MAY CONTACT YOU FOR AN INTERVIEW.

DO YOU GIVE SUNFLOWER SITTERS PERMISSION TO CONDUCT A BACKGROUND CHECK INCLUDING DRIVING HISTORY, CRIMINAL HISTORY, CHILD ABUSE AND NEGLECT REGISTRY, AND A SEX OFFENDERS REGISTRY? YES NO

IF I AM A SMOKER, I AGREE TO NOT SMOKE WHILE ENGAGED IN A JOB REFERRED THROUGH SUNFLOWER SITTER

I AGREE TO ONLY ACCEPT JOBS WITH CURRENT CLIENTS OF SUNFLOWER SITTERS REFERRAL SERVICES THROUGH REFERRALS FROM SUNFLOWER SITTERS. I AGREE NOT TO START A SIMILAR BUSINESS IN THE LAWRENCE AREA FOR A PERIOD OF 3 YEARS FROM THE DATE OF THIS APPLICATION.

THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY SUNFLOWER SITTERS OF ANY CHANGES TO THIS APPLICATION.

SIGNATURE: _____

DATE:

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