

SUNFLOWER SITTERS REFERRAL SERVICES INDEPENDENT CONTRACTOR APPLICATION

If you are contracted to work with Sunflower Sitters Referral Services, you will be a self-employed, Independent Contractor. You will be referred jobs with families which you may accept or deny. You will be paid by those families according to the fee schedule on the website which is subject to change from time to time with notification.

Mission Statement:

“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. “

Please Complete The Following Application And Submit It To:

Sunflower Sitters Referral Services
785-917-3120
sunflowersittersks@gmail.com

FULL NAME: (FIRST) (MIDDLE) (LAST-ALL PREVIOUS)
CURRENT ADDRESS: (STREET) (CITY) (STATE) (ZIP)
PREVIOUS ADDRESS (IF LESS THAN 5 YEARS AT CURRENT ADDRESS)
(STREET) (CITY) (STATE) (ZIP)
ADDITIONAL ADDRESSES:
HOME ADDRESS (if student): (STREET) (CITY) (STATE) (ZIP)
PHONE NUMBER: CELL PHONE #: EMAIL ADDRESS:

EMERGENCY CONTACT:

ARE YOU 18 OR OVER? YES NO

***SOCIAL SECURITY AND DRIVER'S LICENSE NUMBERS WILL BE REQUESTED VIA PHONE AT TIME OF BACKGROUND CHECK.

LIST THREE PREVIOUS EMPLOYERS:

!. NAME:

ADDRESS:

PHONE NUMBER:

POSITION:

YEARS EMPLOYED:

RESPONSIBILITIES:

REASON FOR LEAVING:

2. NAME:

ADDRESS:

PHONE NUMBER:

POSITION:

YEARS EMPLOYED:

RESPONSIBILITIES:

REASON FOR LEAVING:

3. NAME:

ADDRESS:

PHONE NUMBER:

POSITION:

YEARS EMPLOYED:

RESPONSIBILITIES:

REASON FOR LEAVING:

*****PLEASE CONTACT REFERENCES TO LET THEM KNOW SS WILL BE IN CONTACT.**

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

1. NAME:

ADDRESS:

PHONE NUMBER:

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

HOW LONG HAVE YOU KNOWN HIM/HER?

HOW OLD WERE THE CHILDREN YOU CARED FOR?

2. NAME:

ADDRESS:

PHONE NUMBER:

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

HOW LONG HAVE YOU KNOWN HIM/HER?

HOW OLD WERE THE CHILDREN YOU CARED FOR?

3. NAME:

ADDRESS:

PHONE NUMBER:

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON?

HOW LONG HAVE YOU KNOWN HIM/HER?

HOW OLD WERE THE CHILDREN YOU CARED FOR?

PLEASE LIST TWO PERSONAL REFERENCES:

1. NAME:

PHONE NUMBER:

RELATIONSHIP:

YEARS KNOWN:

2. NAME:

PHONE NUMBER:

RELATIONSHIP:

YEARS KNOWN:

THIS POSITION 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

WHICH DAYS OF THE YEAR WOULD YOU ABSOLUTELY NOT BE AVAILABLE?

WHEN CAN YOU BEGIN?

IF A FAMILY REQUESTS OVERNIGHT CARE, IS THIS SOMETHING YOU WOULD CONSIDER?

MAY WE CONTACT YOU FOR EMERGENCY/SHORT NOTICE (LESS THAN 24 HOURS) CARE?

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: (CPR) (1ST AID)

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

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

DO YOU GIVE US PERMISSION TO CONDUCT A BACKGROUND CHECK INCLUDING CONTACTING THE DIVISION OF MOTOR VEHICLES FOR A DRIVING HISTORY REPORT, CHILD ABUSE AND NEGLECT REGISTRY CHECK AND A CRIMINAL HISTORY RECORD?

YES NO

IF I AM A SMOKER, I AGREE NOT TO SMOKE WHILE ENGAGED IN A JOB REFERRED THROUGH SUNFLOWER SITTERS. I AGREE TO NOT ACCEPT PROVIDER JOBS WITH ANY FAMILIES THAT ARE CURRENT CLIENTS OF SUNFLOWER SITTERS REFERRAL SERVICES. I ALSO AGREE TO NOT 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:

Sunflower Sitters Referral Services Code of Conduct

Please indicate an answer on each line, sign and date the bottom. Thank you.

Do you agree:

To provide, at your own expense, proof of Infant-Child CPR and First Aid certification within 30 days of first referral? _____
IF NOT COMPLETED, JOBS WILL FIRST BE OFFERED TO SITTERS W/CURRENT CERTIFICATIONS.

To not administer any medicines, including over-the-counter medicines, to children in your care, unless given specific written instructions by the parents? _____

To not remove the children in your care from the premises unless given permission by the parent? _____

To not take any child swimming unless you enter the water with that child and you are a strong swimmer? _____

To always keep a firm hand on an infant on the changing table at all times? _____

To never use corporal punishment (spanking, grabbing, slapping, or other physical behavior) or speak harshly to a child? _____

To never be under the influence of alcohol or controlled substances either before or during time caring for children? _____

To refrain from any coarse, vulgar or abusive language when with children? _____

To not have any person accompany you to any assignment or join you while at the assignment at any time _____?

To contact the parent in the event of prolonged physical or emotional distress on the part of the child? _____

To respect any customs of the households including religious, cultural, diet, and any specific instructions for the care of the children? _____

To refrain from making unnecessary phone calls (Sunflower Sitters does encourage you to have your cell phone available for emergencies)? _____

To arrive on time and 10 minutes early for each first time referral? _____

To familiarize yourself about a family before arriving to a job either through details provided via email or details on the app. and to request the Family Information Form and the Health Form upon arrival to the home? _____

To make a reasonable effort to clean up after any messes made by yourself or the children? _____

That in the event of uncertainty, discomfort or being unsure about any aspect of your assignment, you will contact Sunflower Sitters immediately? _____

FAMILIES DO PROVIDE FEEDBACK WITH MOST NOTED COMMENTS INCLUDING PERSONAL CELL PHONE USE, ARRIVING LATE AND NOT CLEANING UP. YOU WILL BE CONTACTED REGARDING POSITIVE AND NEGATIVE FEEDBACK. REFERRALS OFFERED TO YOU WILL BE LIMITED OR ENDED DEPENDING ON SEVERITY OF NEGATIVE FEEDBACK. OUR GOAL IS TO PROVIDE THE BEST CARE POSSIBLE.

SIGNATURE: _____

DATE: _____

