



**CARE HORIZON INC.**

Employment Application

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Executive Director.**

**APPLICANT INFORMATION**

|   |                              |                             |                         |                              |                             |  |                  |                |      |  |
|---|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|--|------------------|----------------|------|--|
| Last Name                               |                              |                             |                         | First                        |                             |  |                  | M.I.           | Date |  |
| Street Address                          |                              |                             |                         |                              |                             |  | Apartment/Unit # |                |      |  |
| City                                    |                              |                             |                         | State                        |                             |  |                  | ZIP            |      |  |
| Phone                                   |                              |                             |                         | E-mail Address               |                             |  |                  |                |      |  |
| Date Available                          |                              |                             |                         | Social Security No.          |                             |  |                  | Desired Salary |      |  |
| Position Applied for                    |                              |                             |                         |                              |                             |  |                  |                |      |  |
| Are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Can you lift 30 pounds? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |                  |                |      |  |
| Have you ever worked for this company?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?            |                              |                             |  |                  |                |      |  |
| Do you have reliable transportation?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain          |                              |                             |  |                  |                |      |  |

**EDUCATION**

|             |    |                   |                              |                             |        |  |  |  |  |  |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|--|
| High School |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| College     |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |
| Other       |    |                   |                              | Address                     |        |  |  |  |  |  |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |  |  |

**REFERENCES**

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |  |



| PREVIOUS EMPLOYMENT   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| SPECIAL TRAINING  |
|-------------------|
|                   |
| SPECIAL SKILLS    |
|                   |
| SPECIAL INTERESTS |
|                   |

|                     |
|---------------------|
| Applicant Statement |
|---------------------|

**DO NOT SIGN UNTIL YOU HAVE READ THE FOLLOWING STATEMENT:**

I certify that all the statements made by me on this application are true, complete and correct. I hereby grant permission to Care Horizon Inc. and its agents and employees, to inquire or otherwise confirm the information I have given in this application. I understand that any material misrepresentation of facts given in this application, as well as in any subsequent interview for the position, may constitute grounds for rejection of this application and/or involuntary termination of employment, if I am ultimately employed.

By my signature below, I give my permission to all previous employers and other persons, public entities or businesses associated with my personal and employment background to release any and all oral or written information about me to Care Horizon Inc. or its employees or agents. I hereby release any references or other persons contacted for background information about me from any and all claims, liability or damages that may arise out of the provision of such information.

By my signature below, I understand that a criminal background check is a requirement for my desired employment with Care Horizon Inc. and I hereby give my permission to Care Horizon Inc., as well as any public entity authorized or responsible for conducting the search, for such a check of my background to occur.

By my signature below, I hereby waive any laws, and regulations which might otherwise prevent any person, business or public entity from disclosing any and all information relevant to my application for employment with Care Horizon Inc.

I understand that Care Horizon Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and with or without prior notice, and Care Horizon Inc. reserves the same right to terminate my employment at any time, with or without cause and with or without notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Care Horizon Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director of Care Horizon Inc.

I also understand that If I am hired, I will be require to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.



I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from Care Horizon Inc. and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

**Care Horizon Inc. does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his/her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, gender identity, sexual orientation, pregnancy status, or any other protected status under applicable federal, state, or local law. Care Horizon Inc. does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, gender identity, sexual orientation, pregnancy status, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). Care Horizon Inc. takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

**Care Horizon Incorporated is an Equal Opportunity Employer**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

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**Applicant Signature and Date**

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**Applicant Printed Name**



## Voluntary Self-Identification of Disability

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| <b>Reasonable Accommodation Notice</b> |
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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

I have a need for reasonable accommodation:

Yes\_\_\_\_\_ No\_\_\_\_\_ Choose not to respond\_\_\_\_\_

If yes, what type(s) of reasonable accommodation will you require:

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