

Horizon Home Care

3900 S. Wadsworth Blvd., Ste 300
Lakewood, CO 80235
303-757-0377 Fax 303-758-9887

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name: _____ Date: _____

Address: _____
Street City State Zip

Telephone Number: _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

My signature at the end of this application represents that I can physically complete the job requirements.

Are there any hours, shifts or days you cannot or will not work? _____

Shift Preferred: _____ Part-Time: _____ Full-Time: _____

Are you willing to work overtime as required? Yes No

I understand that a CBI report will be completed on me.

Have you ever been convicted of a felony? Yes No
If yes, describe conditions:

(A conviction will not necessarily disqualify an applicant for employment.)

Have you ever been excluded from participation in Medicaid/Medicare by the US Department of Health & Human Services Office of Inspector General (OIG)? Yes No

POSITONS APPLIED FOR:
1. _____ 2. _____
Wage or Salary Desired? \$ _____ When can you start? _____

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Application for Employment, continued

EDUCATION:

EDUCATION	Name & Location Of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ				
College/Univ				
Other Training/Education:				

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with our company?

WORK HISTORY:

May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

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Application for Employment, continued

WORK HISTORY (continued):

Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

REFERENCES:

Please provide three (3) names of persons not related to you whom we may contact for a reference and whom you have known at least one year.

Name	Address	Telephone #	Company	Years Known

APPLICANTS CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Date: _____ Applicant's Signature: _____