

HORIZON HEALTH AND WELLNESS

625 N. Plaza Drive
Apache Junction, AZ 85120

Please read this application carefully and fill in completely.
(Completed application required even if attaching a resume)

“See resume” or “xxx” will not be processed.

Horizon Health and Wellness requirements for employment:

1. Must be 21 years of age or over
2. Valid driver’s license
3. Have a GED, High School Diploma or college degree
(Transcripts are required for HS and college)

If chosen for an interview, you will be required to bring the following items with you to your interview: If you are unable to obtain these items by the time of your interview, please call the Human Resources Department to reschedule.

- Drivers License

- 36 Month Motor Vehicle Record

(Can be obtained online @ <https://servicearizona.com/webapp/citizenMVR> or at your local MVD)

- Education Transcripts or a GED

- Information for 3 references

- Copy of any relevant Certifications:

- Fingerprint Clearance Card
- CPR/First Aid Training
- If applying for Peer/Recovery Support Specialist Certificate is required.

If you are not contacted within 30 days, your application may not be applicable for a position with Horizon Health and Wellness.

HORIZON HEALTH AND WELLNESS

625 N Plaza Drive
Apache Junction, AZ 85120

(480) 983-0065

Fax (480) 983-3368

APPLICATION FOR EMPLOYMENT

DATE: _____

EMAIL: _____

NAME: (Please Print) _____
Last First Middle

Maiden name - other names used if any: _____

POSITION DESIRED: _____

STARTING SALARY RANGE DESIRED: _____

Full Time Part Time Days Nights Weekends

DATE YOU CAN START EMPLOYMENT: _____

I certify that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

PLEASE NOTE: You will be contacted only if an appropriate opening occurs.

Please indicate how you heard about the position vacancy:

- Employment Want Ad: Which publication: _____
- Current Employee: Which employee: _____
- Other: _____
- DES Job Service

PERSONNEL OFFICE USE ONLY

DATE RECOMMENDED: _____

POSITION: _____

PROGRAM UNIT: _____

SUPERVISOR: _____

RECOMMENDED SALARY: _____

RECOMMENDED STARTING DATE: _____

PRINT OR TYPE:

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street City State Zip

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

FLUENCY IN OTHER LANGUAGE(S): Yes No Please List: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY Yes No
If Yes, please provide details: _____

HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY STATE OR FEDERAL HEALTH CARE PROGRAM? Yes No
If Yes, please provide details: _____

HAVE YOU EVER BEEN DEBARRED, SUSPENDED OR OTHERWISE EXCLUDED FROM PARTICIPATING IN ANY OTHER FEDERAL PROCUREMENT OR NON-PROCUREMENT PROGRAM OR ACTIVITY? Yes No
If Yes, please provide details: _____

EDUCATIONAL DATA:

SCHOOL & LOCATION	YEARS ATTENDED		DEGREE and/or CERTIFICATE	MAJOR & MINOR AREAS
	FROM	TO		

CERTIFICATION:

TYPE OF CERTIFICATE	STATE	EXPIRATION DATE

MILITARY DATA:

BRANCH OF SERVICE: _____

DATE ENTERED **DATE DISCHARGED** **TYPE OF DISCHARGE**

WORK EXPERIENCE:

List in chronological order all work experience.

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	POSITION	SALARY

List all other experiences, education or training, which may be helpful in evaluating your qualifications. Include community service activities, professional affiliations and any special interest or hobbies.

REFERENCES: Please list three persons who are knowledgeable of your professional abilities.

NAME	POSITION	PRESENT ADDRESS & TELEPHONE

Listed reference will be contacted, as well as (with applicants consent) past and present employers.

May we have your permission to contact your present employer? YES NO
May we have your permission to contact your former employers? YES NO