



## **HORIZON HEALTH AND WELLNESS**

625 N. Plaza Drive  
Apache Junction, AZ 85120  
Phone: (480) 983-0065 ♦ Fax: (480) 983-3368

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.**

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### **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.**



**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

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**PERSONNEL OFFICE USE ONLY**

DATE RECOMMENDED: \_\_\_\_\_

POSITION: \_\_\_\_\_

PROGRAM UNIT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

RECOMMENDED SALARY: \_\_\_\_\_

RECOMMENDED STARTING DATE: \_\_\_\_\_

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*Horizon Health and Wellness is an Affirmative Action, Equal Opportunity Employer*

**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.

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**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