

# Employment Application



*An Equal Opportunity*

Horizon Health and Wellness believes that all persons are entitled to equal employment opportunity and does not discriminate against applicants because of race, gender, color, religion, sexual orientation, age, national origin, disability, medical condition, marital status, and, veteran status, or on any other basis protected by law. Horizon Health and Wellness strives to include individuals with disabilities in its application and interview process. Please let us know if you would like to request reasonable accommodation to participate in the selection process.

Position(s) Applied For	Date of Application
Referral Source:	
Walk-In	Social Media _____
Friend	Employee Referral: _____ (must list name for referral)
School: _____	Job Board: _____

## Personal Information

Last Name	First	Middle
Address		
City	State	Zip
Telephone Number	Email Address:	
Have you filed an application with Horizon Health & Wellness before?    Yes    No    If yes, give date _____		
Have you ever been employed by Horizon Health & Wellness or affiliated entity?    Yes    No    If yes, give date _____		
Are you employed now?    Yes    No    May we contact your present employer?    Yes    No		
Are you legally eligible for employment in the United States?    Yes    No		
On what date are you available for work? _____		
Work availability -            Full Time            Part Time            Temporary		
What is your desired salary: _____		
Are you on a lay-off or subject to recall?    Yes    No    Can you travel if a job requires it?    Yes    No		

## Background Information

Have you ever been convicted of a crime?*	Yes	No	<i>Identify all misdemeanor and felony convictions.*</i>
Are there any felony convictions pending against you?	Yes	No	
Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like Horizon Health and Wellness to consider.			
*Exclude minor traffic violations. If you are not sure what these entail, please ask the Human Resources Department.			
*Conviction will not necessarily disqualify an applicant from employment.			

## Education

NAME AND LOCATION OF INSTITUTION (City, State)	DIPLOMA OR DEGREE(S) EARNED	COURSE OF STUDY & YEARS OF ATTENDANCE

## Licenses/Certifications/Registrations

License/Certification /Registration	Number	Issue Date MM/YY	Issued By	Expiration Date MM/YY	State/Country Issued In

State any additional information that may be helpful to us in considering your application. (Awards, Recognition, Training, Seminars, etc.) Also, identify if there is any history of loss or limitations of privileges.

---



---



---

Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? If, so, please list other names below: \_\_\_\_\_

Do you have any relatives/friends now employed Horizon Health and Wellness? Yes No  
If yes, state name(s), relationship: \_\_\_\_\_

# Employment Experience

Begin with your **Present** or most recent employer / work experience. Include military service assignments and volunteer activities. Exclude organization names which indicate race, gender, religion or nation origin. Please account for at least 7 years of experience. Account for any employment gaps, if needed, attach additional sheets, using the same format as on the application. **Resumes are not accepted in lieu of completing this section. Fill out completely with contact info.**

Employer Name		Job Title		Telephone Number
Employer Address			Supervisor's Name	
Start Date: (MM/YY)	End Date: (MM/YY)	Rate of pay		
Work performed				
_____				
_____				
_____				
Reason for leaving				
Employer Name		Job Title		Telephone Number
Employer Address			Supervisor's Name	
Start Date: (MM/YY)	End Date: (MM/YY)	Rate of pay		
Work performed				
_____				
_____				
_____				
Reason for leaving				
Employer Name		Job Title		Telephone Number
Employer Address			Supervisor's Name	
Start Date: (MM/YY)	End Date: (MM/YY)	Rate of pay		
Work performed				
_____				
_____				
_____				
Reason for leaving				
Employer Name		Job Title		Telephone Number
Employer Address			Supervisor's Name	
Start Date: (MM/YY)	End Date: (MM/YY)	Rate of pay		
Work performed				
_____				
_____				
_____				
Reason for leaving				

## PROFESSIONAL References

Provide information of persons not related to you (professional references) who know your qualifications.

Name	Email	Phone	Relationship

## APPLICANTS STATEMENT AND ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete, and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless or when the false answer or omissions are discovered.

Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Horizon Health and Wellness I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice.

Initial: \_\_\_\_\_ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), benefits and compensation rate(s) will be subject to change by Horizon Health and Wellness.

Initial: \_\_\_\_\_ I understand that Horizon Health and Wellness may share the information contained in this application with other Horizon Health and Wellness employees for employment and administrative purposes and hereby consent to such transfer.

Initial: \_\_\_\_\_ I hereby authorize Horizon Health and Wellness to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: \_\_\_\_\_ I understand and expressly agree that if employed by Horizon Health and Wellness, storage areas provided for me (locker, desk, etc.) are open to investigation by Horizon Health and Wellness without prior notice to me.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between Horizon Health and Wellness and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between Horizon Health and Wellness and me on such issues.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to continue to be considered for employment, you must complete another application.