



# Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, age, disability, religion, creed, national origin, ancestry, marital status, sexual orientation, political belief or activity that does not prohibit performance of essential job functions.

Date: \_\_\_\_\_

## I. Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail address: \_\_\_\_\_

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Casual/PRN: \_\_\_\_\_ Weekend: \_\_\_\_\_ Other: \_\_\_\_\_

### Preferred office location:

Meridian: \_\_\_\_\_ Caldwell: \_\_\_\_\_ Mountain Home: \_\_\_\_\_ Emmett: \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record?

Please specify: \_\_\_\_\_

2. Do you have any relatives who are presently (or have formerly been) employed by Horizon Home Health & Hospice, Inc?

3. How were you referred to Horizon Home Health & Hospice, Inc? \_\_\_\_\_

4. Have you ever been convicted of a felony? Yes  No  If yes, please explain: \_\_\_\_\_

5. Are you legally eligible for employment in the United States? Yes  No  If no, please explain: \_\_\_\_\_

### **Notice:**

I understand that, if hired by Horizon Home Health & Hospice, Inc. (Horizon), my employment is terminable "at will", either by myself or Horizon regardless of the length of my employment or the granting of benefits of any kind, including but not limited to any benefits which provide for vesting based upon length of employment.

I understand that my previous employers may be contacted and are hereby authorized to release any employment related information requested by Horizon. If I have not been truthful on any part of this application, my employment may be terminated immediately. My signature below certifies my agreement to abide by all Horizon policies and procedures including, but not limited to, employment "at will".

I authorize Horizon Home Health & Hospice, Inc. to obtain my drivers license record through the appropriate Department of Motor Vehicles and background and criminal history information from all sources deemed necessary and release it as required without liability.

**Acknowledged and Accepted:** Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note: Incomplete applications will not be accepted, if questions do not apply to the position please put N/A, Thank You.

## II. Educational History

	School Name/Location	Years Completed	Degree/Diploma	GPA
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Tech. Training:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

## III. Employment Record *Please include all employment for the last ten years - start with current/most recent employer. Use a Separate sheet if needed.*

1. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Manager / Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Manager / Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_  
Manager / Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**NOTE:** Use a separate sheet to list additional employers, if necessary . We may contact any or all of the employers listed on this application unless you specifically exclude them below. **Please list any employers you do not want us to contact and your reason for the exclusion:**

Employer's Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Reason: \_\_\_\_\_

**IV. References** *Please do not include relatives.*

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

**V. Work Availability**

1. If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_

2. Do you have any objection to working overtime?  Yes  No

3. Can you work overtime without prior notice?  Yes  No

4. Can you work on Saturday?  Yes  No

5. Can you work on Sunday?  Yes  No

6. Can you work evenings?  Yes  No

Our business requires regular attendance. About how many days per year were you absent from your last job? \_\_\_\_\_  
Do you have responsibilities, commitments, or obligations that could prevent you from meeting our work schedule?

Yes  No

If yes, please explain: \_\_\_\_\_

**If you are applying for a position which requires driving:**

1. Do you have a car?  Yes  No

2. Do you have car insurance?  Yes  No Company: \_\_\_\_\_

3. Do you have a valid State of Idaho driver's license?  Yes  No License #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

**VI. Licensing**

Do you have a current professional license or registration for the position for which you are applying?  Yes  No

**Please list the following from your license:**

Name: \_\_\_\_\_ License/Registration number: \_\_\_\_\_ How Many Yrs/Mo. Licensed: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

Has your license to practice ever been limited, suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

**VII. Salary / Hourly Rate Requirements**

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ \_\_\_\_\_ per: \_\_\_\_\_

*Please note: Incomplete applications will not be accepted, if questions do not apply to the position please put N/A, Thank You.*