

**NEW HORIZONS HOME CARE, INC.**

**APPLICATION  
FOR EMPLOYMENT**

**WHEN YOU HAVE COMPLETED THIS APPLICATION  
PLEASE MAIL OR FAX IT BACK TO:**

**NEW HORIZONS HOME CARE, INC.  
ATTN: SANDRA HONEYCUTT, HUMAN RESOURCES MANAGER  
PO BOX 1969  
YADKINVILLE, NC 27055**

**FAX # - 336-677-3847**

# NEW HORIZONS HOME CARE, INC. EMPLOYMENT APPLICATION

The company is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age, disability, veteran status, military service, or other characteristics protected by law.

\_\_\_\_\_ POSITION SOUGHT \_\_\_\_\_

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

\_\_\_\_\_ PERSONAL INFORMATION \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street (include house, apt. number, etc.)
City
State
Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_      Pager/Cell: \_\_\_\_\_

Are you at least 18 years old?      Yes      No

Are you authorized to work in the U.S.?      Yes      No

Do you have a valid NC Drivers License?      Yes      No

Date you can start work: \_\_\_\_\_ Position desired:      Full-time      Part-time

Shift availability (check all that apply):      Day      Evening      Night      Rotating

Day availability (check all that apply):      Mon      Tues      Wed      Thurs      Fri      Sat      Sun

Overtime availability:      Yes      No

Have you applied for employment with the company before?      Yes      No

If so, when?: \_\_\_\_\_  
Date
Position

Have you ever worked for the company before?      Yes      No

If so: \_\_\_\_\_  
Date
Position

Are you related to anyone who works for the company?      Yes      No

If so: \_\_\_\_\_  
Name

Counties/Areas you are willing to work: \_\_\_\_\_

EMPLOYMENT HISTORY

List your complete employment history starting with your present status:

Name of employer: \_\_\_\_\_ Position(s) held, salary, supervisor and dates: \_\_\_\_\_  
\_\_\_\_\_  
Address/phone number of location where you worked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of employer: \_\_\_\_\_ Position(s) held, salary, supervisor and dates: \_\_\_\_\_  
\_\_\_\_\_  
Address/phone number of location where you worked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of employer: \_\_\_\_\_ Position(s) held, salary, supervisor and dates: \_\_\_\_\_  
\_\_\_\_\_  
Address/phone number of location where you worked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

EDUCATION

| Name and Location     | Years Completed | Did you Graduate? |    | Degree |
|-----------------------|-----------------|-------------------|----|--------|
| High School _____     | 9, 10, 11, 12   | Yes               | No | _____  |
| College _____         | Fr So Jr Sr     | Yes               | No | _____  |
| Trade School _____    |                 | Yes               | No | _____  |
| Graduate School _____ |                 | Yes               | No | _____  |

REFERENCES

(List 3. Do not list relatives, domestic partners, or former employers.)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_ Dates known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_ Dates known: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ ( ) \_\_\_\_\_ Dates known: \_\_\_\_\_

CRIMINAL HISTORY

Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) ANY criminal offense of ANY type whatsoever (this includes but is not limited to felonies, misdemeanors, DWI, hunting offenses, domestic violence, city or county ordinances)?

Yes No

If so, list all offense(s), date(s) of conviction/plea, county/city/state of conviction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL CERTIFICATIONS

List all professional licenses, certifications, etc., that may be related to the position you are applying for including CNA certificate, CPR certificate, and expiration dates of each

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List and describe any special skills, second languages, or other training you have that may be related to your employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Authorization for Criminal History**

**I authorize New Horizons Home Care, Inc. to perform a criminal history check on me as a prerequisite for my potential employment with the company. I understand that a one-time deduction of \$10 will be taken from my first paycheck if I am employed with New Horizons Home Care, Inc. to reimburse the company for any expenses incurred due to performance of a criminal history. I understand that this information will be kept strictly confidential and will become the property of New Horizons Home Care, Inc. and will not be released to myself or any other persons without my signed authorization stating that release of this information is granted.**

**Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

IMPORTANT INFORMATION

**I certify that the information provided on this application form, along with all other information I have provided to the company, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not hiring me or for terminating my employment, once hired.**

**I understand that the company will undertake, and I authorize the company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.**

**I understand that this application will be active only for the specific position identified above and only during the period the company is seeking to fill the current opening(s), and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.**

**I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the company or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any company policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. No company manager or representative shall be authorized to make any representations to the contrary.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**