

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 \$16 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