

**Horizon Home Care**

2170 S. Parker Rd. – Suite 125  
Denver, CO 80231  
303-695-1460  
303-695-1464 Fax

**APPLICATION FOR EMPLOYMENT**

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.*

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

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you worked here before?  Yes  No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions with or without reasonable accommodation?  Yes  No

My signature at the end of this application represents that I can physically complete the job requirements.

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Shift Preferred: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Full-Time: \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

**I understand that a CBI report will be completed on me.**

Have you ever been convicted of a felony?  Yes  No  
If yes, describe conditions:

\_\_\_\_\_  
\_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

POSITONS APPLIED FOR: 1. _____ 2. _____ Wage or Salary Desired? \$ _____ When can you start? _____
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Application for Employment, continued

**EDUCATION:**

EDUCATION	Name & Location Of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ				
College/Univ				
Other Training/Education:				

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with our company?

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**WORK HISTORY:**

May we contact your present employer?  Yes  No

Most Recent Employer	Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position
Date Left	Salary on Leaving: \$	Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

Previous Employer	Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position
Date Left	Salary on Leaving: \$	Per	Position on Leaving
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

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Application for Employment, continued

**WORK HISTORY (continued):**

Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Previous Employer	Address	Telephone
Date Started	Starting Salary: \$ Per	Starting Position
Date Left	Salary on Leaving: \$ Per	Position on Leaving
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

**REFERENCES:**

**Please provide three (3) names of persons not related to you whom we may contact for a reference and whom you have known at least one year.**

Name	Address	Telephone #	Company	Years Known

**APPLICANTS CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the Company from any liability.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_