Horizon Home Care 3900 S. Wadsworth Blvd., Ste 300 Lakewood, CO 80235 303-757-0377 Fax 303-758-9887

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 ye	ars old? Yes No
Are you authorized to work in the U.S. on an u	inrestricted basis?	Yes No
How did you learn of this opening?		
Have you worked here before?	No	
Have you been told the essential functions of job description listing the essential functions of		
Can you perform these essential functions wit accommodation? Yes No	h or without reasonab	le
My signature at the end of this application rep requirements.	resents that I can phy	sically complete the job
Are there any hours, shifts or days you cannot	t or will not work?	
Shift Preferred:	Part-Time:	Full-Time:
I understand that a background check will	be completed on me	e upon hire.
POSITONS APPLIED FOR: 1	2	
Wage or Salary Desired? \$	When can you star	t?

Application for Employment, continued

EDUCATION:

	Name & Location	Year			
EDUCATION	Of School	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?

WORK HISTORY: May we contact your present employer? Yes No					
Most Recent Emplo	yer	Address		Telephone	
Date Started	Starting Sala	iry: \$F	Per	Starting Position	
Date Left	Salary on Le	aving: \$ F	Per	Position on Leaving	
Name and Title of S	Supervisor				
Description of Duties Reason for Leaving				ng	

Previous Employer		Address		Telephone
Date Started	Starting Sala	ry: \$	Per	Starting Position
Date Left	Salary on Le	aving: \$	Per	Position on Leaving
Name and Title of Su	ipervisor			
Description of Duties			Reason for Leav	ing

Horizon Home Care

Application for Employment, continued

WORK HISTORY (continued):

Previous Employer		Address		Telephone
Date Started	Starting Sala	ry: \$	Per	Starting Position
Date Left	Salary on Le	aving: \$	Per	Position on Leaving
Name and Title of S	Supervisor			
Description of Dutie	S		Reason for Leav	ing

Previous Employer		Address		Telephone
Date Started	Starting Sala	ry: \$	Per	Starting Position
Date Left	Salary on Le	aving: \$	Per	Position on Leaving
Name and Title of S	Supervisor			
Description of Duties		Reason for Leav	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: _____