

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

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.

Wage or Salary Desired? \$ _____ When can you start? _____

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?

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

Horizon Home Care

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: _____