



# Supporting Independence Through Excellence

## Application For Employment

### Supporting Independence Through Excellence

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital status, sexual orientation or any other legally protected status.

**Positions) Applied for:**

**Date of Application:**

**How Did you Learn About Us?**

- Website/Internet  
  Facebook/Twitter  
  Newspaper/Circular  
  Friend/Employee  
 Vehicle Sign  
  Other

**Last Name:**

**First Name:**

**Middle Initial:**

**Address**

**City**

**State**

**Zip**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Social Security #:**

**Are you 18 years of age or older?**

Yes

No

**Have you ever applied with us before?**

Yes

No

If yes, give date:

\_\_\_\_\_

**Have you ever been employed with us before?**

Yes

No

If yes, give dates):

\_\_\_\_\_

**Are you currently employed?**

Yes

No

(If No, how long have you been unemployed? \_\_\_\_\_)

**May we contact your current employer?**

Yes

No

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?**

Yes

No

*Proof of citizenship or immigration status will be required upon employment.*

**When are you available to work?** \_\_\_\_\_

Do you have a valid driver's license:  Yes  No

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
 If yes, please give explanation with dates and type of conviction?

Have you ever been ticketed for a moving traffic violation?  
 Yes  No

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  
 Yes  No

Has any license, permit or privilege ever been suspended or revoked?  
 Yes  No

Have you been involved in a vehicle-related accident in the past three (3) years?  
 Yes  No

Date Last Accident	Nature of Accident (Head on, Rear-End, Upset, Etc.)	Fatalities	Injuries

**Additional Information**

Please check any Developmental Disabilities Administration (DDA) trainings completed:

Course	Date Completed
<input type="checkbox"/> CPR /First Aid	_____
<input type="checkbox"/> DDA Medication Training	_____
<input type="checkbox"/> OSHA Training (Blood Borne Pathogens)	_____
<input type="checkbox"/> Client Rights	_____
<input type="checkbox"/> Aging	_____
<input type="checkbox"/> Supporting Choices	_____
<input type="checkbox"/> Community Integration	_____
<input type="checkbox"/> Behavior Principles & Strategies	_____
<input type="checkbox"/> IDOOPI	_____
<input type="checkbox"/> MTTP	_____
<input type="checkbox"/> Other	_____

**Work Experience**—*Start with last place of employment*

<b>Present/Previous Employer:</b>	<b>Dates (MM/YR)</b> <b>&amp; Salary</b>	<b>Position &amp; Duties</b>
<b>Company Name/Location</b>	<b>Supervisor</b>	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No  Telephone No: _____
<b>Reason for Leaving?</b>		
<b>Present/Previous Employer:</b>	<b>Dates (MM/YR)</b> <b>&amp; Salary</b>	<b>Position &amp; Duties</b>
<b>Company Name/Location</b>	<b>Supervisor</b>	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No  Telephone No: _____
<b>Reason for Leaving?</b>		
<b>Present/Previous Employer:</b>	<b>Dates (MM/YR)</b> <b>&amp; Salary</b>	<b>Position &amp; Duties</b>
<b>Company Name/Location</b>	<b>Supervisor</b>	May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No  Telephone No: _____
<b>Reason for Leaving?</b>		

**Education**

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma Degree</b>
<b>High School/ GED</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Vocational/ Other</b>				

## New Horizons Supported Services, Inc.

### Acknowledgement and Signature Page

**If you have any questions regarding the following statements, please ask them of an employment interviewer before signing the application.**

This Agency is an equal opportunity employer and does not discriminate in its hiring or employment practices on the basis of race, color, religion, age, sex, national origin, ancestry, disability, marital status, or status within any other group protected by applicable federal, state and local nondiscrimination laws. No questions on this application are intended to secure information to be used for such discrimination.

By signing your name below, you acknowledge and certify:

- That all statements made by me on this application are true and complete to the best of my knowledge.
- That I have withheld nothing that would affect this application unfavorably.
- That any offer I may receive from the Agency is contingent upon my successful completion of the Agency's total pre-employment screening process.
- That I understand that misrepresentation or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired.

I also understand that nothing contained in this application or in the interview process is intended to create an employment contract between the Agency and myself. Should this application result in my employment, it will be an at-will relationship. I have a right to terminate my employment at any time and for any reason and the Agency retains the same right. I agree to conform to the rules and regulations of the Agency. I further understand that no representative of the Agency other than the Executive Director of the Agency has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel move or benefit. I also understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Executive Director.

I understand that past employers/educational institutions and/or the military will be contacted for references and I authorize any such organization to provide the requested information. I further release and forever discharge the Agency, its agents, its employees, and the individuals and companies contacted by this Agency as part of its inquiring nature whatsoever arising from the Agency's inquiries and investigation of my credentials and information in connection with my application.

I understand screening tests for alcohol and illegal drug use may be required during my employment with this Agency.

I further understand this entire statement applies to the period prior to, or after, I may be employed. I hereby acknowledge that I have read and understand each of the above statements. I authorize release of information about me to this agency.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**PRINT NAME of Applicant**

**Please Print and Sign**