



HORIZONS RESIDENTIAL CARE CENTER COMPLETING YOUR APPLICATION

Applications will not be considered unless they are completed properly. Please make sure that you have completed the entire application and signed in the appropriate places. Take extra care that you don't miss the following:

Application:

- 1) Indicate the position for which you are applying
- 2) Include shift(s) you can work
- 3) Answer the question "Have you ever been convicted of a crime other than a minor traffic accident?"
- 4) Include phone numbers for your references
- 5) Read and sign the back of the application

Inserts:

Information/Disclosure Release – this form must be completely filled out and signed. Please include addresses for the past seven years.

Reference Release – Sign this form only where indicated as Applicant. **Do not fill out any other portion of this form.**

If you require assistance completing this application, please contact the Staffing Coordinator at (336)767-2411.

HORIZONS RESIDENTIAL CARE CENTER
100 Horizons Lane
Rural Hall, North Carolina 27045

EMPLOYMENT APPLICATION

We appreciate your interest in Horizons Residential Care Center. Each application will receive consideration. Should our needs meet your qualifications, you may be asked to come in for a personal interview. If your background does not fit our needs at the time, your application will be held in our active file for 6 months.

We have committed ourselves to the recruitment, training and promotion of employees solely on the basis of the individual's qualifications and consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, the presence of any physical or mental medical condition or disability, or any other legally protected status in compliance with Federal and State Equal Opportunity Employment laws. Persons employed may be required to provide verification of information on this form.

In compliance with the requirements of the Immigration Reform and Control Act of 1986, you will be required to complete an I-9 form and provide certain documents which establish your identity and authorization to work in the United States. It is our policy that you will not be permitted to begin employment until you produce such documents for our review.

We desire to conduct business with the highest possible degree of safety. If you are extended an offer of employment, employment will be contingent upon successful completion of a drug screening test.

For your consideration, answer completely and accurately. Incomplete applications will not be considered. If you require accommodation due to a disability in order to complete the application process, please let us know what accommodation you require. (Please Print Using Ball Point Pen.)

Personal Information			
POSITION APPLIED FOR:		PROGRAM (IF APPLICABLE):	
Date of Application			
Full Name (Last Name)		(First Name)	(Middle Name)
Present Address (Street)		(City)	(State) (Zip Code)
Permanent Address – <i>if different</i> (Street)		(City)	(State) (Zip Code)
Home Phone ()		Business Phone ()	Cell Phone ()
Alternate Contact:		Telephone, Cell or Alternate #:	
EMPLOYMENT DESIRED: WORK AVAILABILITY			
<i>(Check all that apply)</i>			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Weekends Only <input type="checkbox"/> Any Shift <input type="checkbox"/> Baylor <input type="checkbox"/> Temporary (From _____ to _____)			
<input type="checkbox"/> Daytime – Shift 1 (6:30 AM – 3:00 PM) <input type="checkbox"/> Evening – Shift 2 (2:45 PM – 11:15 PM) <input type="checkbox"/> Nighttime – Shift 3 (11:00 PM – 7:30 AM)			
<input type="checkbox"/> Atrium Location <input type="checkbox"/> Respite Location <input type="checkbox"/> Arches Location			
Date You Can Start: _____ Salary Desired: \$ _____ per _____			

* Are you at least 18 years of age? Yes No

* Have you ever been convicted of a crime other than a minor traffic violation? Yes No *If yes, please explain. ("Yes" answer does not automatically disqualify you from employment)*

Have you ever applied for a position with Horizons Residential Care?

Yes No

If yes, when (please list month, year and job title)?

Have you ever been Employed with Horizons Residential Care Center?

Yes No

If yes, when (please list month, year and position title)?

Are you known to schools, references/past employers by another name?

Yes No

If yes, by what name?

Are you legally authorized to work in the United States?

Yes No

WHAT PROMPTED YOU TO APPLY FOR A POSITION WITH US?

Newspaper _____ Friend _____ Employee/Relative _____

Jobline Walk-in Government Employment Agency Other _____

EDUCATION AND SKILLS Proof of Education Required at Employment

School	Name and Address of School Attended	Did you Graduate?	Are you currently enrolled?	Major / Program
High school				
Technical School				
College				
Graduate School				
Other				

CLERICAL SKILLS

Typing Speed _____ wpm Accounting Yes No Medical Terminology Yes No

Computer Yes No *(If yes, which System/Software brands used):*

MILITARY STATUS

Branch:

Dates of Service

From:

To:

Reserve Status:

Active Inactive No Obligation National Guard

Duties:

Special schools and/or special training

PROFESSIONAL CERTIFICATION/LICENSURE FOR NURSES & CNA APPLICANTS (NOT DRIVER'S LICENSE)

Professional or Technical Specialty:

Certificate/License Number:

Renewal Number:

Are you registered or licensed in North Carolina?

Yes No If no, what state(s)?

Year Obtained:

Renewal Date:

Has license ever been revoked or suspended? Yes No

EMPLOYMENT HISTORY
All sections must be completed.
List former employers starting with current or most recent one first.
Explain breaks in employment.

Present or most current employer <u>May We Do Reference Check with Current Employer?</u> Yes No Employer			Type of business	Phone number ()
Address	Date employed _____ mo/yr	Date left _____ mo/yr		
Title and duties	Full Time: _____ Years	Part Time: _____ Years		
Supervisor's name and title	Phone number ()	Are you eligible for rehire? Yes No		
Reason for leaving	Starting Salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)		
Employer	Type of business	Phone number ()		
Address	Date employed _____ mo/yr	Date left _____ mo/yr		
Title and duties	Full Time: _____ Years	Part Time: _____ Years		
Supervisor's name and title	Phone number ()	Are you eligible for rehire? Yes No		
Reason for leaving	Starting Salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)		
Employer	Type of business	Phone number ()		
Address	Date employed _____ mo/yr	Date left _____ mo/yr		
Title and duties	Full Time: _____ Years	Part Time: _____ Years		
Supervisor's name and title	Phone number()	Are you eligible for rehire? Yes No		
Reason for leaving	Starting Salary \$ _____ per _____ (hourly, monthly, yearly)	Final Salary \$ _____ per _____ (hourly, monthly, yearly)		
Employer	Type of business	Phone number ()		
Address	Date employed _____ mo/yr	Date left _____ mo/yr		
Title and duties	Full Time _____ Years	Part Time _____ Years		
Supervisor's name and title	Phone number ()	Are you eligible for rehire? Yes No		
Reason for leaving	Starting Salary \$ _____ per _____	Final Salary \$ _____ per _____		

	(hourly,monthly,yearly)	(hourly,monthly,yearly)
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PERSONAL REFERENCES (OTHER THAN RELATIVE)				
Name	Address	City and State	Occupation	Phone Number

Please read the following statements carefully:

In submitting this application, I understand that:

- A. Any misrepresentation of facts in this application will be just cause for rejection of my application or dismissal if hired.
- B. This application remains active for six (6) months and that submission of the application and subsequent pre-employment interviews are not promises (implied or otherwise) of employment. Successful job applicants will be officially notified by Human Resources.
- C. If hired, I understand that I will have to go through an orientation period to determine if I am suited for the position. I further understand that, if hired, my employment is at will and I may terminate my employment at any time or Horizons Residential Care Center may terminate my employment at any time, for any reason with or without notice.
- D. I understand that any offer of employment is contingent upon acceptable results of a drug-screening test, criminal background check, North Carolina Nurse Aide I and Healthcare Personnel Registry check, criminal background check from any state previously employed, if obtainable, and a medical examination.
- E. If hired, I will accept and abide by all rules and regulations governing my employment.
- F. I authorize Horizons Residential Care Center to make any inquiry or investigation they may deem necessary and proper for employment consideration including past employment.
- G. If I leave employment with Horizons Residential Care Center for any cause, voluntary or otherwise, I authorize the answer to any inquires regarding my performance and qualifications and, as far as may be known, the reason for my leaving.
- H. I voluntarily release from liability and/or damages all parties who may issue or receive information regarding my application or employment at Horizons Residential Care Center.
- I. I am responsible for necessary transportation to and from work.
- J. If hired I will submit two forms of identification providing proof of ability to work legally in the United States. Failure to provide this information within three days of employment may result in the job offer being revoked.

I hereby acknowledge that I have read and understand the above statements (A-J) and have not misrepresented the facts on this job application.

SIGNATURE OF APPLICANT

DATE

SUBMIT APPLICATION TO: **Horizons Residential Care Center**
100 Horizons Lane
Rural Hall, NC 27045
Phone: (336) 767-2411



HORIZONS RESIDENTIAL CARE CENTER NOTICE TO ALL APPLICANTS

Thank you for your interest in employment with Horizons Residential Care Center, Inc. We will be processing your application and assessing whether you will be called in for an interview. Not all applicants will be contacted for an interview.

You have been asked to sign a release form in order for Horizons to obtain criminal record documents from any county or state in which you have lived. You are also asked to supply work and personal references. Any references that you supply will be contacted unless you specify otherwise on your application. Our licensure requirements as an Intermediate Care Facility for the Mentally Retarded (ICF/MR) mandates that we ensure the safety of our clients in this manner.

If offered a position, you will be sent for a pre-employment drug screening. Refusal to submit for a drug screening or a positive test will result in the offer of employment being revoked.

You will also be asked to furnish the following items to Human Resources upon offer of employment:

Proof of Employment Eligibility: Two forms of identification are required as proof of U.S. Citizenship or authorization to work in the United States. Please refer to the Acceptable Forms of Documentation on the next page. Non-citizens must provide legal documentation as issued by the Immigration and Naturalization Service. Employees not providing this information within the first 3 days of employment will not be allowed to work until such valid documentation is supplied.

Proof of Education: Documentation showing graduation from High School, such as a High School Diploma or proof of obtaining education equivalent to a High School Diploma is also required.

Failure to provide the above information may result in the job offer being revoked.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Eligibility		Documents that Establish Identity		Documents that Establish Employment Eligibility
<ol style="list-style-type: none">1. U. S. Passport (unexpired or expired)2. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.3. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)4. Unexpired Temporary Card (INS Form I-688)5. Unexpired Employment Authorization Card (INS Form I-688A)6. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)		<ol style="list-style-type: none">1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.2. ID Card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address.3. School ID card with a photograph.4. Voter's registration card.5. U.S. Military card or draft record.6. Military dependent's ID card.7. U.S. Coast Guard Merchant Mariner Card.8. Native American tribal document.9. Driver's license issued by a Canadian government authority.		<ol style="list-style-type: none">1. U.S. Social Security card issued by the Social Security Administration (other than a card stating that it is not valid for employment).2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.4. Native American tribal document.5. U.S. Citizen ID Card (INS Form I-197).6. ID Card for use of Resident Citizen in the United States (INS Form I-179).7. Unexpired employment authorization document issued by the INS (other than those listed under List A).
		For persons under age 18 who are unable to present a document listed above:		
		<ol style="list-style-type: none">10. School record or report card.11. Clinic, doctor or hospital record.12. Day-care or nursery school record.		



**HORIZONS RESIDENTIAL CARE CENTER
REFERENCE RELEASE**

TO: _____

Reference Requested on: _____
Social Security Number: _____
Position Applied for: _____

The above named applicant has placed an application with us for employment. We would appreciate any information you can give us regarding the applicant's work performance.

All information will be held in confidence. Thank you for your time in completing this form. Please return the completed form in the enclosed self-addressed, stamped envelope.

Sincerely, _____
KATHY OSBORNE, Staffing Coordinator

I authorize the above named employer to furnish Horizons Residential Care Center with the information requested on this form.

Applicant

(TO BE COMPLETED BY EMPLOYER ONLY)

Please complete the following:

Dates Employed: _____ to _____

Position Held: _____

Work Performance: (Please check the appropriate columns)

	Unsatisfactory	Average	Above Average	Excellent
Quality of Work				
Dependability				
Cooperation				
Attitude				
Attendance				
Work Relationships				

Is this employee eligible for rehire? Yes No *If "no", please state reason(s):* _____

Comments: _____
(Use back of sheet, if additional space is needed.)

Signature

Title

Date