

# NEW HORIZONS CORPORATION

# APPLICATION FOR EMPLOYMENT

5221 Harding Place, Nashville, TN 37217 615-360-8595, fax: 615-360-3515

**NOTICE TO APPLICANTS: FEDERAL AND STATE LAW REQUIRES APPLICANTS TO BE CONSIDERED WITHOUT REGARDLESS OF AGE, COLOR, NATIONAL ORIGIN, CITIZENSHIP STATUS, PHYSICAL OR MENTAL DISABILITY, RACE, RELIGION, CREED, GENDER, SEX, SEXUAL ORIENTATION, GENDER IDENTITY AND/OR EXPRESSION, GENETIC INFORMATION, MARITAL STATUS, STATUS WITH REGARD TO PUBLIC ASSISTANCE, VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY.**

## GENERAL INFORMATION (Complete in full)

Position(s) applying for \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

Drivers License \_\_\_\_\_  
STATE LICENSE NUMBER EXPIRATION

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Have you ever been employed with us before?  Yes  No If so, when? \_\_\_\_\_

How did you hear about New Horizons? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift work  PRN

PLEASE LIST AVAILABILITY: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	Name, Address, and State	Years Completed	Degree	Major Course of Study
High School				
College				
Graduate/Trade/Other				

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**OTHER QUALIFICATIONS:** List any special job related skills and qualifications acquired from employment or other experience. \_\_\_\_\_**EMPLOYMENT BACKGROUND. Start with your current or last employer first.**

Date Month + Year	Name, Address and phone number of employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

**REFERENCES**

Give name, address and telephone number of three personal references.

1.

2.

3.

**APPLICANTS STATEMENT:**

- I certify that answers given herein are true and complete to the best of my knowledge.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.
- I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.
- I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all the rules and regulations of the employer.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

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**APPLICANT'S STATEMENT  
Please Read Before Signing**

As a condition of submitting this application and in order to verify this affirmation, I further release and authorize New Horizons Corporation, the Tennessee Department of Intellectual and Developmental Disabilities (DIDD) and the Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental or non-governmental, as they pertain to any allegations against me of abuse, neglect, mistreatment, or exploitation and to consider this information as it may be deemed appropriate. This authorization extends to providing any applicable information in personnel or investigative reports concerning my employment with this employer to my future employers who may be Providers of DIDD services.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give **New Horizons Corporation** permission to contact schools, previous employers, references and other and hereby release **New Horizons Corporation** from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, employees who misrepresent or omit facts called for in the application will be dismissed at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employer policies, conformity to our work rules, job performance, etc. Employees may elect to leave on their own accord to see alternate jobs.

I understand that my employment with **New Horizons Corporation** is for no specific term and may be terminated by me or by **New Horizons Corporation** with or without notice or cause at any time. I further understand that no oral promise, **New Horizons Corporation** policy, custom, business practice, or other procedure (including the **New Horizons Corporation** Employee Handbook) constitutes an employment contract or modification of the at will employment relationship between **New Horizons Corporation** and myself.

The contents of any employee handbook as well as other **New Horizons Corporation** policies and practices are subject to change or modification by **New Horizons Corporation**, solely at its discretion, without notice. I also understand that no supervisor or other official of **New Horizons Corporation** (except its Board Chair, in writing) has the authority to enter into any agreement with me or make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, **New Horizons Corporation** requires:

- Applicants for employment to undergo pre-employment screening for drug and alcohol use as part of our post-offer examination. The offer of employment is contingent upon successfully passing the drug/alcohol screening.
- All employees of **New Horizons Corporation** are subject to drug/alcohol screening at any time during employment. **New Horizons Corporation** adheres to the rules of a Drug Free Workplace.
- New Horizons positions require a pre-employment criminal background check. Therefore, you may be required to provide information about your criminal history in order to be considered for employment.

By signing the Employment Application, I understand and acknowledge that **New Horizons Corporation** has been authorized by me to access any information about me provided by the United States Department of Health and Human Services, Office of Inspector General, or the United States General Services Administration. I further acknowledge that any information found within these federal databases may form a basis for an offer of employment or, solely at **New Horizons Corporation**, a refusal to offer me employment.

This application will remain active for 45 days. Any applicants wishing to be considered for employment beyond 45 days should re-apply.

Signature: \_\_\_\_\_

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

**New Horizons Corporation** is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, creed, age, religion, national origin, or disability. We assure you that your opportunity for employment with **New Horizons Corporation** depends solely upon your qualifications.

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**I authorize New Horizons Corporation to conduct the following:**

- Contact all personal and professional references identified on the application, unless otherwise requested in writing
- Perform a Motor Vehicle Record Check prior to possible employment, and if hired, annually or on an as needed basis thereafter, to ensure my driver’s license is valid; and,
- Check the TN Dept. of Health Abuse, TN Felony, OIG, TN Sex Offender, and DIDD Substantiated Investigation Registry (SIRI).

**CONSENT TO DRUG SCREENING**

I consent to a drug screening as terms of my possible employment with this company. Further, I understand that:

- I may be subject to random drug screening at any given time during my employment;
- Failure to comply with the drug screening program may be cause for disciplinary action, up to and including termination; and,
- A positive drug screening may be cause for termination or denial of employment.

I am currently certified in the following training;

_____ CPR (Adult)	_____ Medication Administration
_____ First Aid	_____ Crisis Prevention Intervention (CPI)
_____ DIDD Core Training	_____ Other DIDD Trainings _____

I have had a TB Skin Test/Assessment/Chest X-ray within last 12 months. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date