



NEW HORIZON COMMUNITY CARE

"Share the values you grew up with"

4625 S. Ash Avenue, Suite J2

Tempe, AZ 85282

Phone: 480-722-2730 FAX: 480-659-2453

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Alt Phone: _____

Position Applied for: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Referred by: Newspaper Internet Other Professional Friend/Relative (Name): _____

Type of Employment (preferred): Full Time Part Time

Check all positions interested in: Residential: Sun – Wed Wed – Sat Mentoring: Sun – Thurs Tues – Sat
 Administrative Maintenance Little Learners Other: _____

Shift (preferred): *weekend shifts may be mandatory Days Evenings Nights Other, please explain _____

Are you related to a current employee at this company? YES NO
 If yes, whom? _____

Have you ever worked for this company? YES NO
 If yes, when? _____

Are you a citizen of the United States? YES NO
 If no, are you authorized to work YES NO
in the U.S.?

Have you ever been convicted of a felony? YES NO
 Note: A "YES" will not automatically disqualify you from employment

If yes, explain: _____

Are you conversant in any language other than English? YES NO
 If yes, please list: _____

Education

High School: _____ Address (City, State): _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma GED

College: _____ Degree: _____
City State

From: _____ To: _____ Did you graduate? YES NO
 Currently Attending? YES NO

Other: _____ Degree: _____
City State

From: _____ To: _____ Did you graduate? YES NO
 Currently Attending? YES NO

Licensing / Certifications

Are you a licensed behavioral health professional in the state of Arizona? YES NO

If yes, please list **PROFESSIONAL LICENSES AND/OR CERTIFICATIONS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:**

TYPE	LICENSE/ REG #	ISSUED BY	EXP DATE

References

Please list three references, not related to you, that you have known at least one year.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Previous Employment

*Please list **last 5 years** of employment history, beginning with most recent. Must be filled completely.*

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Additional Related Experience (if applicable)

Please list any additional **RELATED** experience applicable to the position for which you are applying:

Company: _____ Phone: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Additional Behavioral Health experience not noted above:

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: _____

NEW HORIZON COMMUNITY CARE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

It is the policy of New Horizon Community Care to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against based on race, religion, color, sex, age, national origin, disability, military status, or any other characteristic protected by applicable federal or state law.

NOTE: All applications are reviewed by Human Resources. If you meet the minimum qualifications, your application will be referred to the hiring department for review. If an interview is to be scheduled, you will be contacted by the department. You will **NOT** be notified unless an interview is to be scheduled. We appreciate your interest in employment with NEW HORIZON COMMUNITY CARE.

FOR OFFICE USE ONLY: Reviewed by: _____ Date: _____