



**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: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Currently Attending? YES NO

Other: \_\_\_\_\_ Degree: \_\_\_\_\_  
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: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?

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

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: \_\_\_\_\_