

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



# The Horizon Senior Living

## Application for Employment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What Location are you applying for: \_\_\_\_\_ St. Helen \_\_\_\_\_ Clare  
\_\_\_\_\_ West Branch \_\_\_\_\_ Standish  
\_\_\_\_\_ Gladwin

Are you a US citizen/legal alien authorized to work in the US? \_\_ Yes \_\_ No  
Are you 18 years or older? \_\_ Yes \_\_ No

Are you applying for: \_\_ Part Time \_\_ Full Time  
Position Applying for: \_\_\_\_\_  
How were you referred to The Horizon Senior Living? \_\_\_\_\_  
Have you ever been employed by The Horizon Senior Living before? \_\_\_\_\_  
If yes, when? \_\_\_\_\_  
Do you have any friends or relatives employed by The Horizon Senior Living? \_\_\_\_\_  
If yes, who and at what facility? \_\_\_\_\_

Are you able to work any shift? \_\_ Yes \_\_ No  
Are you able to rotate shifts? \_\_ Yes \_\_ No  
Which shift would you prefer? \_\_ 1<sup>st</sup> \_\_ 2<sup>nd</sup> \_\_ 3<sup>rd</sup>  
Are you willing to cover extra shifts? \_\_ Yes \_\_ No  
Are you willing to work every other weekend and every other holiday? \_\_ Yes \_\_ No  
Are you willing to attend training programs required by the State of Michigan and the AFC  
licensing division? \_\_ Yes \_\_ No

**Background Check**

Are you agreeable to a criminal background check?  Yes  No

Are you agreeable to fingerprinting?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges pending against you?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been determined by a federal, state, local governmental or private agency to have committed abuse or neglect?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you on a court supervised probation or parole?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have there ever been substantiated charges against you for abuse, neglect, exploitation, mishandling client’s funds or any other recipient rights violations in an investigation by:

Department of Commerce/Department of Consumer and Industry Services?  Yes  No

Department of Social Services/Family Independence Agency?  Yes  No

A local Community Mental Health Recipient Rights Office?  Yes  No

Any other recipient rights office?  Yes  No

If yes to any of the above, please explain \_\_\_\_\_  
\_\_\_\_\_

**Education**

	Name of School/City/State	Years Attended	Graduate	Special Training/Certifications
High School			Yes/No	
College			Yes/No	
Other			Yes/No	

## Employment History

Are you currently employed?  Yes  No

If yes, can we contact your current employer?  Yes  No

Starting with current or most recent employer, list the last three previous employers. Include self-employment and part-time jobs. You may attach a resume, but complete this application as well.

From		To		Current Employer Yes/No	Employer:	Telephone Number:	
Mo	Yr	Mo	Yr	Job Title:		Supervisors Name:	
				Address:			
City:				State:		Zip:	
Describe your duties:							
Reason for leaving:							

From		To		Employer:	Telephone Number:		
Mo	Yr	Mo	Yr	Job Title:		Supervisors Name:	
				Address:			
City:				State:		Zip:	
Describe your duties:							
Reason for leaving:							

From		To		Employer:	Telephone Number:		
Mo	Yr	Mo	Yr	Job Title:		Supervisors Name:	
				Address:			
City:				State:		Zip:	
Describe your duties:							
Reason for leaving:							

**References:**

List two professional or personal references.

Name	Phone Number	Relationship

Please read before signing

I certify that the answers given in this application and in the employment interviews are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application and further authorize my former employers, government agencies, schools, and personal references to provide any information they have regarding me. I hereby release all employers, government agencies, schools, and personal references from any liability for providing information concerning me. If the results of this investigation do not meet the standards for employment required by law, licensure, regulations, or policies of the company, state, or federal authorities, I understand that an offer of employment may not be extended, may be revoked, or that my employment may be terminated.

In the event of employment, I understand that false or misleading information given in my application or in any aspect of the employment process may result in discharge. I understand also that the Immigration Reform Control Act of 1986 requires that employers hire only U.S. citizens and aliens authorized to work in the United States and that all persons hired will be required to submit documents for verification to establish identity and employment authorization. In consideration of my employment, I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either my employer or myself.

I understand that the employer reserves the right to provide other future employers with reference information concerning my performance during employment and the reason for ending my employment. I hereby consent to the release of such information.

If employed, I agree to inform the company if I obtain any other employment while working for the company. I hereby acknowledge that I have read and understand the above statements.

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



**Work Reference #1**

The Horizon Senior Living V  
 450 Quarter St.  
 Gladwin, MI 48624  
 (989) 246-1000  
 (989) 246-0111

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

Applicant: \_\_\_\_\_

To Whom Ever It May Concern:

The above named Applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it by mail or by fax at your earliest convenience. Thank you for your cooperation.

Sincerely,  
 Paula Cassiday  
 Administrator

<b>Applicant</b>	<b>Reference (previous) Company #1</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
	Supervisor's Name:
Dates of Employment:	Phone Number:

Please be sure to list any and all names used at the above company

**Authorization to Release Information**

I have been asked to supply information regarding my past employment and qualifications. I authorize you to provide any information and release you from any damages that may result from providing such information.

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

To be completed by reference

Are the dates given above accurate?  Yes  No

In what position was the applicant employed in? \_\_\_\_\_

Did the applicant give adequate (two weeks or more) Notice before leaving?  Yes  No

Would this applicant be eligible for re-hire?  Yes  No

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

Title: \_\_\_\_\_



**Work Reference #2**

The Horizon Senior Living V  
 450 Quarter St.  
 Gladwin, MI 48624  
 (989) 246-1000  
 (989) 246-0111

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

Applicant: \_\_\_\_\_

To Whom Ever It May Concern:

The above named Applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it by mail or by fax at your earliest convenience. Thank you for your cooperation.

Sincerely,  
 Paula Cassiday  
 Administrator

<b>Applicant</b>	<b>Reference (previous) Company #1</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
	Supervisor's Name:
Dates of Employment:	Phone Number:

Please be sure to list any and all names used at the above company

**Authorization to Release Information**

I have been asked to supply information regarding my past employment and qualifications. I authorize you to provide any information and release you from any damages that may result from providing such information.

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

To be completed by reference

Are the dates given above accurate?  Yes  No

In what position was the applicant employed in? \_\_\_\_\_

Did the applicant give adequate (two weeks or more) Notice before leaving?  Yes  No

Would this applicant be eligible for re-hire?  Yes  No

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

Title: \_\_\_\_\_



**Work Reference #3**

The Horizon Senior Living V  
 450 Quarter St.  
 Gladwin, MI 48624  
 (989) 246-1000  
 (989) 246-0111

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

Applicant: \_\_\_\_\_

To Whom Ever It May Concern:

The above named Applicant has indicated that you previously employed him/her. We ask that you complete this evaluation and return it by mail or by fax at your earliest convenience.

Thank you for your cooperation.

Sincerely,  
 Paula Cassiday  
 Administrator

<b>Applicant</b>	<b>Reference (previous) Company #1</b>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
	Supervisor's Name:
Dates of Employment:	Phone Number:

Please be sure to list any and all names used at the above company

**Authorization to Release Information**

I have been asked to supply information regarding my past employment and qualifications. I authorize you to provide any information and release you from any damages that may result from providing such information.

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

To be completed by reference

Are the dates given above accurate?  Yes  No

In what position was the applicant employed in? \_\_\_\_\_

Did the applicant give adequate (two weeks or more) Notice before leaving?  Yes  No

Would this applicant be eligible for re-hire?  Yes  No

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

Title: \_\_\_\_\_