

**New Horizon Enterprises
EMPLOYMENT APPLICATION**

Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Other Phone :() _____

* Prefer to work: M T W Th F Sa Su * Shift: Days Evenings Over Nights

* Willing to Travel? _____ Yes _____ No * Start Time _____ End Time

Salary Range: _____ Date You Can Start: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Has your license ever been revoked or suspended Yes No If "Yes" explain _____

E-Mail Address: _____

- **Are you legally able to work in the U.S. Yes _____ No _____
- ** Do you require special accommodations? Yes _____ No _____. If yes, what? _____
- ** Do you smoke? Yes _____ No _____ Are you allergic to smoke? Yes _____ No _____
- ** Are you allergic to smoke or pets? Yes _____ No _____ If yes, what? _____
- ** Some of our consumers have pets. Do you have an aversion to working around animals? Yes _____ No _____

Previous Address if less than 2 years: (Starting with most recent) _____

Position applying for: _____

VETERAN STATUS:

Are you a Veteran? Yes No If "Yes" which conflict? _____

EDUCATION RECORD: (Name, City, State)

High School		Graduation Date:
Business or Tech School		Graduation Date:
Undergraduate College	Degree:	Graduation Date:
Graduate School	Degree:	Graduation Date:
Other	Degree:	Graduation Date:

PROFESSIONAL LICENSES OR CERTIFICATES (eg. ILST, CNA, RA)

Kind(s) of License or Certificate	Issued By	Expiration Date	License or Certification Number

Office Notes: _____

RELEVANT WORK HISTORY (Please give information about your last three jobs, starting with the most recent.)

1-Employer		Supervisor/Phone:
Address:		
Employment Dates: FROM / / TO / /		Salary
Title:		
Specific Duties:		
Name, if different, as it appeared on Employer's record:		Reason for Leaving:

2-Employer		Supervisor/Phone:
Address:		
Employment Dates: FROM / / TO / /		Salary
Title:		
Specific Duties:		
Name, if different, as it appeared on Employer's record:		Reason for Leaving:

3-Employer		Supervisor/Phone:
Address:		
Employment Dates: FROM / / TO / /		Salary
Title:		
Specific Duties:		
Name, if different, as it appeared on Employer's record:		Reason for Leaving:

PROFESSIONAL REFERENCES: Note names, work address and day-time phone numbers of individuals who have supervised you or know your work habits. Provide work related references only.

1. Name		Relationship/Title
Address		
Phone number during business hours: ()		
2. Name		Relationship/Title
Address		
Phone number during business hours: ()		

An Equal Opportunity Employer We consider all applicants without regard to race, color, religion, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE READ CAREFULLY

BACKGROUND CHECK AUTHORIZATION

AND APPLICANT CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion New Horizon Enterprises; Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name? Y N If yes, what name did you use? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motor vehicle convictions _____

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

New Horizon Enterprises, LLC
Human Resources

51 Depot St, Suite 203 Watertown CT 06795

Phone: 959.209.4210 Fax: 203.889.4948

VERIFICATION OF EMPLOYMENT AND RELEASE FORM

Signed authorization from the individual in question is required before employment verification information may be obtained or released.

Section I (To be completed by employee)

I hereby authorize the Human Resources Department to obtain/release the information indicated below. Additionally, I release New Horizon Enterprises from all liability whatsoever for obtaining/releasing the requested information.

APPLICANT NAME _____
(Print)

SS# _____

SIGNATURE _____

DATE _____

SECTION II (To be completed by Human Resources Department)

The above reference person has applied for employment with us and has listed you/your company as an employer. We would appreciate receiving the following information regarding his/her employment.

Dates of Employment

Supplied _____ Actual _____

Job Title
Supplied _____ Actual _____

Salary
Supplied _____ Actual _____

Any pertinent information that you feel may help in our hiring decision? _____

If applicant is no longer employed, was separation voluntary or involuntary? (please explain)

Is applicant eligible for rehire? (If not, why)

Name: _____ Date: _____

Title: _____ Company: _____

Phone: _____ Email: _____

EOE FORM

New Horizon Enterprises, LLC. and its subsidiaries are Equal Opportunity and Affirmative Action Employers. To help us comply with government record keeping requirements, we would appreciate your completing the following information. This form is voluntary. If you choose not to provide the information, your decision will not affect your application.

This data will be kept confidential, and will be kept separate from your application.

Name _____ Date / /

___ Male ___ Female

Race/Ethnicity Data (Please Check One)

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Thank you for your assistance.

New Horizon Enterprises

Interview Form/Human Services/Residential

Candidate's Name _____ Location _____ Date _____

Interviewer(s) _____ Position _____

Please answer the following questions:

1. Tell me about your last/current job/position. What were/are your major job responsibilities?
2. Please describe your experience working with individuals with disabilities. In what capacity have you worked with an individual with a brain injury, mental health diagnosis or developmental disability?
3. Please describe what is meant by "observing professional boundaries with program participants".
4. Please explain your experience working with individuals with substance abuse issues? Can you please describe a possible drug seeking behavior?
5. Please explain the meaning of "cuing/prompting", and "redirection" and give an example of time when you worked with a program participant who had a behavior and how did you handle it? (Community or etc....). How have you used these skills to help a program participant?
6. Do you understand that you will be working with several program participants in one region and that you will be pulled from site to site as needed by the program? Do you feel comfortable working with several different program participants?
7. Please explain what work ethics mean to you?

