



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO.

PRESENT ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE NO.

WORK PHONE NO.

TODAY'S DATE

DESIRED EMPLOYMENT

POSITION

DATE YOU CAN START

SALARY DESIRED

Full Time ☐ Part Time ☐

EDUCATION

SCHOOL	NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIES
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR TECH				
SPECIAL TRAINING				

REFERENCE

	NAME	ADDRESS/PHONE	BUSINESS	YRS ACQUAINTED
1				
2				
3				

Email completed form to careers@horizonhcok.org



EMPLOYMENT HISTORY

NAME OF PREVIOUS EMPLOYER	ADDRESS			
PHONE NUMBER	NAME OF SUPERVISOR			
YOUR JOB TITLE	START DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY
NAME OF PREVIOUS EMPLOYER		ADDRESS		
PHONE NUMBER		NAME OF SUPERVISOR		
YOUR JOB TITLE	START DATE	LEAVING DATE	STARTING SALARY	ENDING SALARY

DO NOT CONTACT	
We may contact the employers listed above unless you indicate the ones you do not want to be contacted	Employer _____ Reason _____
	Employer _____ Reason _____
	Employer _____ Reason _____



CONSENT AND RELEASE FORM

We must perform a check for any criminal arrest records through the Oklahoma State Bureau of Investigation. In addition, you will be required to produce documents needed to complete an Immigration Control Form. The Personnel Office will advise you of the requirements of this form.

In the event that you will be traveling in your own vehicle on company time, a copy of your automobile insurance verification must be provided prior to the actual travel.

I attest that all the information provided in this Application for Employment is true, correct, and complete. Further, I understand that if employed any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Horizon Homecare is committed to a policy of equal opportunity employment for all job applicants and employees without regard to race, color, creed, sex, age, national origin, or handicap.

By signing below, I acknowledge that I understand these requirements and give consent to Horizon Homecare to verify all information provided.

Applicant's Name (PRINT)

Date

Applicant's Signature