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  \* Willing to Travel? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No | | \* Shift: Days Evenings  \* Start Time | | Over Nights  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| Has your license ever been revoked or suspended Yes No If "Yes" explain | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |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 Dale: |
| 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

OfficeNotes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 dav-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.

New Horizon Enterprises, LLC

Human Resources

51Depot 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# - -

(Print)

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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?

Writing Sample

For Residential/ ABI/ Mental Health Positions

Think about working with a program participant for an 8 hour shift and what is expected of you during your time with the program participant. Choose 3 – 5 activities from the list below that you may take part in with the program participant. Then write a hypothetical daily progress note below, including the 3 – 5 activities.

|  |  |
| --- | --- |
| * Household chores | * Medical appointments |
| * Community recreation | * Attend life/community support groups |
| * Meal preparation | * Outpatient rehabilitation |
| * Hygiene |  |

For Vocational service positions

Think about working with a program participant for a 1 hour appointment and what is expected of you during your time with the program participant. Choose 3 – 4 activities from the list below that you may take part in with the program participant. Then write a hypothetical daily progress note below, including the 3 – 5 activities.

|  |  |
| --- | --- |
| * Job preparation | * Computer skills |
| * Resume writing | * Goal setting |
| * Job seeking | * Hygiene |
| * Interviewing skills |  |

|  |
| --- |
| Progress note: |
|  |
|  |
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|  |
|  |
|  |

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.