



HORIZONS, INC.

Dover Office
220 W. 4th St.
Dover, OH 44622-2960
330-364-5415
800-251-5204
FAX 330-364-4359

Jefferson Co. Office
120 Springdale Ave.
Wintersville, OH 43953
740-266-2248

APPLICATION FOR EMPLOYMENT

we are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin or disability and genetics.

Wayne County Office
5200 Cleveland Road
Suite F
Wooster, OH 44691
(330) 262-4183
(330) 263-2979

Coshocton Office
234 Chestnut Street
Coshocton, OH 43812
(740) 295-9683

PERSONAL

name _____ date _____
street _____ social security no. _____
city _____ state _____ zip _____ driver's license no. _____
home phone no. _____ other phone no. where you can be reached _____
state name and department of any relative, including spouse, already employed by Horizons, Inc. _____
are you 18 yrs. of age or older? _____
referred by _____

EMPLOYMENT

position desired _____ date you can start _____ hourly rate desired _____
are you employed now? _____ if so, may we inquire of your present employer? _____
have you ever applied at Horizons before? _____
have you ever worked at Horizons before? _____ where _____ when _____
check the appropriate spaces to indicate your availability to work; please check all that apply.
☐ first shift ☐ available to substitute or work in a live-in situation where sleeping at the facility overnight is necessary 7 days on and 7 days off
☐ second shift ☐ available to substitute
☐ third shift ☐ available for full weekend work

EDUCATION

	name & location of school	circle last year completed	did you graduate	subjects studied and degrees received
high school		1 2 3 4		
college, trade, business, or correspondence school		1 2 3 4		
		1 2 3 4		

SPECIAL

subjects of special study of research work: _____
activities of special interest (other than religious): _____
please exclude organizations, the name or character of which indicates the race, creed, color or national origin of its members.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or more recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From To
	State Job Title and Describe Your Work _____	Weekly pay Start Last Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From To
	State Job Title and Describe Your Work _____	Weekly pay Start Last Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From To
	State Job Title and Describe Your Work _____	Weekly pay Start Last Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From To
	State Job Title and Describe Your Work _____	Weekly pay Start Last Reason for Leaving

I give my permission to contact employers listed above _____

(Signature)

REFERENCES	professional	name	address	phone	business
	professional				
	personal				
	personal				

please give two names each of persons not related to you, whom you have known at least one year.

Have you ever been convicted of a crime? If so, please describe:

This position may require lifting and physically assisting non-ambulatory individuals. Do you have any physical condition which may limit your ability to perform the job applied for?

☐ no ☐ yes (please explain)

in case of emergency, notify:

name	relationship	address	phone
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1) Please tell us of your experience in working with people who have developmental disabilities and/or your work in residential services.

2) What makes you want to be hired for this position? What do you feel would be your greatest assets for our program?

3) Do you have a valid driver's license? ☐ yes ☐ no

Do you have liability coverage? ☐ yes ☐ no

Name of insurer _____

Are you willing to transport individuals in your vehicle, if necessary? ☐ yes ☐ no

Do you have seatbelts for all passengers? ☐ yes ☐ no

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

date _____ signature _____

FOR OFFICE USE ONLY:

INTERVIEWED BY:

- ☐ EXECUTIVE DIRECTOR
- ☐ PROGRAM COORDINATOR
- ☐ PROGRAM MANAGER / AREA COORDINATOR
- ☐ OTHER

- ☐ HIRED
- ☐ SCHEDULED FOR TOUR _____
(Location)
- ☐ NO DRIVERS LICENSE
- ☐ NO HS DIPLOMA OR GED
- ☐ NO SHOW FOR INTERVIEW
- ☐ NO SHOW FOR TOUR
- ☐ FELONY
- ☐ FILE
- ☐ NOT INTERESTED

LOCATION CONSIDERATION:

- ☐ ASHLAND COUNTY
- ☐ CARROLL COUNTY
- ☐ COSHOCTON COUNTY
- ☐ HARRISON COUNTY
- ☐ JEFFERSON COUNTY
- ☐ KNOX COUNTY
- ☐ TUSCARAWAS COUNTY
- ☐ WAYNE COUNTY