



JOB APPLICATION

Baltimore, servicing the greater Maryland area.
horizoncaremd@gmail.com
+1 (443) 902 – 0024

Horizon Care is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Date: _____

Applicant Name: _____ *Soc.Sec.#:* _____

Home Address: _____

City, State & Zip: _____

Phone: _____ *Email:* _____

Positions(s) Applying For: () _____ *Desired Salary:* _____

Employment Eligibility

How did you hear about this position? _____

Do you have reliable transportation to and from work? Yes No



Have you ever applied to or worked for Horizon Care before? Yes No

Do you have any friends or relatives working for Horizon Care? Yes No

If yes, state name & relationship:

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Will you consent to a mandatory controlled substance test? Yes No

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications



Please list below the skills and qualifications you possess for the position for which you are applying:

Education and Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____



What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____

Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____



Company: _____ Supervisor: _____

Employer Address: _____ Phone: _____

Job Title: _____ Dates Employed: _____

Reason for Leaving: _____

References

Please provide at least **3 professional** reference(s) below:

Reference	Contact Information
_____	_____
_____	_____
_____	_____

AT-WILL EMPLOYMENT

The relationship between you and the Horizon Care is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Horizon Care. No representative of Horizon Care has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your



employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____