





# New Horizon Care, Inc.

6002 S 17<sup>th</sup> Street

Phoenix, AZ 85042

Phone: 1-844-851-4024 Fax: 1-877-408-8268

www.newhorizoncareinc.com

What relevant licenses or registrations if any, do you possess? (List type and expirations)

Do you have the following? : CPR ☐ Yes ☐ No Expiration Date \_\_\_\_\_  
First Aid ☐ Yes ☐ No Expiration Date \_\_\_\_\_

## EMPLOYMENT BACKGROUND

Provide the following information beginning with the **most recent** employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		Hourly Rate/Salary		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		Hourly Rate/Salary		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

  

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		Hourly Rate/Salary		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		Hourly Rate/Salary		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

  

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**EMPLOYMENT BACKGROUND**

List the name, relationship, number of years acquainted, and phone number of three references (No relatives please).

Name	Relationship	Years Acquainted	Phone Number
			(     )
			(     )
			(     )

**RELEASE OF AUTHORIZATION**

*I certify that all the information I have provided is true, complete and correct.*

*The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by New Horizon Care, Inc. only as an aid in the hiring decision making process. The applicant, by signing the application, gives New Horizon Care, Inc. consent to collect the information contained herein and use for the purpose specified.*

*I authorize New Horizon Care, Inc. to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.*

*I understand that if I am hired, I will be required to provide criminal background check, proof of identity and proof of certifications or educational qualifications, and a MVR/driver 's abstract (if applicable).*

*Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Application Received: \_\_\_\_\_  
Date Applicant Contacted: \_\_\_\_\_  
Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_