



# HORIZON HOUSE of Illinois Valley, Inc.

**Building Futures: Living, Working, Playing**

## *APPLICATION FOR EMPLOYMENT*

*All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law: We are an Equal Opportunity Employer.*

### PERSONAL

(Please Print)

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City State Zip

Phone No. ( \_\_\_ ) \_\_\_\_\_ Referred by:  Our Advt.  Emp. Agency  Friend or Relative  No One

Are you legally eligible for employment in the United States?  Yes  No (If hired, verifications will be required by law).

Position (s) applied for \_\_\_\_\_

Are you interested in?  Full Time  Part-Time

Are you available to work?  Days  Afternoons  Midnights

Date you are available to start work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If YES, when? \_\_\_\_\_ Position \_\_\_\_\_

Do you have a Driver's License?  Yes  No

Are you employed at the present time?  Yes  No If hired, will you work overtime if required?  Yes  No

Have you ever been convicted of a crime (excluding traffic offenses)? \_\_\_\_\_. If YES, list convictions: (A conviction does not necessarily disqualify an applicant for the position being applied for. You are not obligated to disclose sealed or expunged convictions.)

EDUCATION	Name & Location of School	Course of Study	Years Completed	Did You Graduate?
ELEMENTARY				
HIGH SCHOOL				
COLLEGE		MAJOR		
		DEGREE		
OTHER				

Indicate special qualifications or skills \_\_\_\_\_

**PRIOR EMPLOYMENT** *(Start with most recent employer)*

Employer:	Phone ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name	
		Starting Salary/Wages	
Reason for leaving:		Final Salary/Wages	
Employer:	Phone: ( )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

***Applicant's Statement***

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

# Equal Employment Opportunity Data

To be completed by applicant (please print):

**Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.**

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Sex:  Male  Female

Race/Ethnicity:  White  
 Black  
 Hispanic  
 American Indian/Alaskan Native  
 Asian/Pacific Islander  
 Other

**Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:**

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability