

APPLICATION FOR EMPLOYMENT

New Horizons Rehabilitation Services, Inc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an "at will employer."

PLEASE PRINT LEGIBLY IN ALL APPLICABLE AREAS BELOW

Last Name	First Name	Middle Name
Address	City	State
(H)	(W)	(Cell)
Telephone Number(s)		Email Address
Zip Code		

Position(s) Applied For _____ Date of Application _____

How did you hear about us?

Advertisement
 Relative
 Inquiry
 Friend
 Web Site
 Other _____

Best time to contact you at home is _____ AM/PM

Are you over 18 years of age? Yes No

Have you applied for a position with us before? Yes No
 If yes, please give date _____

Have you been employed with us before? Yes No
 If yes, please give date _____

Are you currently employed? Yes No
 If yes, can we contact your present employer? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time Temporary

Do you have reliable transportation? Yes No

Have you been convicted of a felony within the last five years? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Type of School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
	High School				
	Undergraduate College/University				
	Graduate Professional				
	Other (Please Specify)				

Describe any specialized training, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Other qualifications.

Specialized skills (please check all that apply).

Access
 Microsoft Word
 Outlook
 Powerpoint
 Excel
_____ Words/minute

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gener, national origin, disabilities or other protected status.

1. _____
Present or Last Employer

Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

Dates Employed:
FROM _____ TO _____

Hourly Rate: _____

Duties Include(d):

2. _____
Employer

Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

Dates Employed:
FROM _____ TO _____

Hourly Rate: _____

Duties Include(d):

3. _____
Employer

Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

Dates Employed:
FROM _____ TO _____

Hourly Rate: _____

Duties Include(d):

If you need additional space, please continue on a separate sheet of paper.

