

HORIZON HUMAN SERVICES, INC.

210 E. Cottonwood Lane
Casa Grande, AZ 85222-2514

(520) 836-1688

Fax (520) 421-2708

APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: (Please Print) _____
Last First Middle

POSITION DESIRED: _____

STARTING SALARY RANGE DESIRED: _____

Full Time Part Time

DATE YOU CAN START EMPLOYMENT: _____

I certify that the information contained herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT

PLEASE NOTE: You will be contacted only if an appropriate opening occurs.

Please indicate how you heard about the position vacancy:

- Employment Want Ad: Which publication: _____
- Current Employee: Which employee: _____
- Other: _____
- DES Job Service

PERSONNEL OFFICE USE ONLY

DATE RECOMMENDED: _____

POSITION: _____

PROGRAM UNIT: _____

SUPERVISOR: _____

RECOMMENDED SALARY: _____

RECOMMENDED STARTING DATE: _____

PRINT OR TYPE:

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street City State Zip

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

FLUENCY IN OTHER LANGUAGE(S): Yes No Please List: _____

EDUCATIONAL DATA:

SCHOOL & LOCATION	YEARS ATTENDED		DEGREE and/or CERTIFICATE	MAJOR & MINOR AREAS
	FROM	TO		

CERTIFICATION:

TYPE OF CERTIFICATE	STATE	EXPIRATION DATE

MILITARY DATA:

BRANCH OF SERVICE: _____

DATE ENTERED

DATE DISCHARGED

TYPE OF DISCHARGE

WORK EXPERIENCE:

List in chronological order all work experience.

FROM MO/YR	TO MO/YR	EMPLOYER	ADDRESS	POSITION	SALARY

List all other experiences, education or training, which may be helpful in evaluating your qualifications. Include community service activities, professional affiliations and any special interest or hobbies.

REFERENCES: Please list three persons who are knowledgeable of your professional abilities.

NAME	POSITION	PRESENT ADDRESS & TELEPHONE

Listed reference will be contacted, as well as (with applicants consent) past and present employers.

May we have your permission to contact your present employer? YES NO

May we have your permission to contact your former employers? YES NO

AFFIRMATIVE ACTION QUESTIONNAIRE

Horizon Human Services, Inc. is a government contractor subject to the laws and regulations concerning Equal Employment Opportunity. The law requires government contractors to take affirmative action to employ and advance in employment qualified members of protected groups including race and color minorities, women, persons older than 40 years, members of religious groups, veterans and disabled persons. If you are a member of a protected group, please let us know. This information will be kept confidential and separate from your employment application. It will be used only in accordance with the Agency's Affirmative Action Program.

**SUBMISSION OF THIS INFORMATION IS VOLUNTARY.
REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY FORM OF DISCRIMINATION.**

TODAY'S DATE: _____

POSITION APPLIED FOR: _____

BIRTH DATE: _____ Male Female

RACE: Caucasian Hispanic African American Asian
 Native American Other: _____

RELIGION: _____ NATIONAL ORIGIN: _____

VETERAN: Yes No

DO YOU BELIEVE YOU ARE HANDICAPPED? Yes No

If yes, please briefly describe disability: _____

NOTICE OF APPLICANT'S RIGHT TO FILE A GRIEVANCE

Horizon Human Services, Inc. does not discriminate on the basis of race, sex, color, religion, national origin, age or handicap. If you feel that you have been discriminated against and wish to make a complaint, please contact Mary Olguin, THE AFFIRMATIVE ACTION OFFICER, at (520) 836-1688, or if you wish you may make direct contact with the Office for Civil Rights, 1275 Market St., 13th Floor, San Francisco, CA 94103, telephone number (415) 556-8730.