

**EMPLOYMENT  
APPLICATION**

**New Horizons Disability Empowerment Center  
8085 E Manley Dr Prescott Valley AZ 86314  
Phone: 928-772-1266 Fax: 928-772-3808**

Name				
Last	First	Middle		
Present address				
Number	Street	City	State	Zip
Home Phone ( )		Work Phone ( )		Message Phone ( )
Are you under age 18? (circle) YES NO If "YES", can you provide proof of your eligibility to work? ___Yes ___No				
Are you currently authorized to work in the United States? ___ YES ___ NO Proof of eligibility will be required if hired.				
Position applied for: _____ _____			Days/hours available to work No Pref _____ Wed _____ Mon _____ Thur _____ Tue _____ Fri _____	
How many hours can you work weekly?				
How did you learn of this opening? _____ Newspaper _____ Temporary Services _____ Vocational Rehabilitation _____ Employment Department _____ Website _____ Newsletter _____ Friend/co-worker _____ Other				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> TEMPORARY/CONTRACT				
When are you available to start work? _____				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a felony in the last seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, please explain) _____ _____
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<b>MILITARY</b>	
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now a member of the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty Date Entered:	Discharge Date:

**Work Experience** Please list your work experience with your most recently held job.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer	Address	Your Title	Supervisor's Name/Phone Number	May we contact? ___ Yes ___ No
From (Month & Year)	To (Month & Year)	Gross Monthly Salary \$	Average hours worked per week	
Major Duties (be specific)				
Reason for leaving (be specific)				

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Reason for leaving (be specific)				

<b>LIST THREE PROFESSIONAL REFERENCES</b>		
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

<b>CLERICAL SKILLS</b>	
This section is to be completed if you are applying for any clerical/office positions. Check all skills in which you are fully proficient.	
<p style="text-align: center;"><b>GENERAL OFFICE SKILLS</b></p> <p>___ Typing Speed WPM                      ___ Supervisory experience          ___ Ten-key adding machine            ___ File maintenance          ___ Cash Register                         ___ American Sign Language          ___ Multi-line Telephone                ___ Preparing Purchase Orders          ___ Bookkeeping                            ___ Preparing Journal Vouchers          ___ Proofreading documents for grammar, spelling and sentence Structure          ___ Editing documents for form, content and consistency          ___ Public contact answering routine questions          ___ Public contact dealing with angry, confused or hostile persons</p>	<p style="text-align: center;"><b>COMPUTER SKILLS</b></p> <p>___ Word          ___ Excel          ___ MS Office 2010          ___ Quickbooks Pro          ___ Windows 7          ___ Other</p>

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**PLEASE READ CAREFULLY**

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I hereby authorize New Horizons Disability Empowerment Center to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability New Horizons Disability Empowerment Center and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or New Horizons Disability Empowerment Center can terminate this relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application for and for your interest in our business.

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Applicant Signature

Print

Date