



# Golden Horizons

## EMPLOYMENT APPLICATION

Golden Horizons is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal

If you are less than 18 years old, can you provide required poof of your eligibility to work?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No  
(Proof of citizenship will be required upon employment.)

Have you ever been employed with us before?  Yes  No If yes, Dates: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No If yes, Date: \_\_\_\_\_

Are you willing to work an irregular schedule, overtime, and work weekends when necessary?  Yes  No

If no, please explain: \_\_\_\_\_

Do you have access to adequate transportation to travel to and from work?  Yes  No

If no, please explain: \_\_\_\_\_

### EDUCATION

	<u>Name/City/State</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>	<u>Major</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

### IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PREVIOUS EMPLOYMENT (begin with most recent employer / position)

Company Name _____	Business Phone _____
Address _____	Position Held _____
Supervisor _____	Salary _____
Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____	



# Golden Horizons

Reason for leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference? Yes No

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

Position Held \_\_\_\_\_

Salary \_\_\_\_\_

May we contact this employer for a reference? Yes No

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates of Employment: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

Position Held \_\_\_\_\_

Salary \_\_\_\_\_

May we contact this employer for a reference? Yes No

Summarize your special skills or qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



# Golden Horizons

## APPLICANT'S STATEMENT

**IMPORTANT: READ BEFORE SIGNING.**

The facts set forth in my application are true and complete. I understand that, if employed, false statements or important omissions may result in the termination of my employment. I authorize an investigation of all statements and matters contained herein. I authorize all my previous employers or other persons having information concerning me or my record(s) to report such information to Golden Horizons Assisted Living. I release such employers and persons from all claims or liabilities whatsoever on account of their responding to such inquiries or making disclosures.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Golden Horizons and myself.

No promises regarding employment have been made to me. I understand that no such promise or guarantee will be binding on Golden Horizons unless made in writing and signed by the Administrator.

I understand that if I am employed by Golden Horizons, such employment relationship is of an "at will" nature. This means that I will have the right to terminate my employment at any time, for any reason or for no reason, and Golden Horizons will have the same rights in the event they choose to terminate my employment. I understand that, if hired, no contract of employment, express or implied, will be created.

I acknowledge that if I am employed, any policies, procedures or handbooks that I might receive are also not intended to create an employment contract or a promise of any benefit. I understand that no policies or procedures including, but not limited to Golden Horizons policy with respect to employment at will, shall be modified in any way to create an employment contract or a promise of any benefit, without the express written intent to do so signed by its Administrator, who has the sole authority to make such modifications and amendments.

I agree, if requested, to submit to a medical examination at Golden Horizons expense by medical personnel designated by Golden Horizons prior to their final acceptance of me as an employee. Additionally, in the event I am employed, I agree, if requested, to submit to subsequent medical examinations at Golden Horizons expense by medical personnel designated by Golden Horizons in order to determine my fitness for continued employment.

Golden Horizons Assisted Living does not discriminate in hiring or terms or conditions of employment on the basis of race, color, creed, religion, national origin, age, marital status, status with regard to public assistance, military status, membership or activity in a local commission or the presence of any non-job related disability or a job related disability which can reasonably be accommodated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment with Golden Horizons. If you are not contacted within thirty (30) days, this application will be placed in an inactive file unless you request that it be kept active.



## Golden Horizons

### EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Golden Horizons (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breathe, and/or blood for analysis. I understand the upon an offer for employment, I am required to pay a Twenty Dollar (\$20.00) test fee, payable by personal check or cash. I understand upon a negative test result I will be reimbursed the Twenty Dollar (\$20.00) test fee immediately following test results. I understand in the event of positive test results I forfeit the Twenty Dollar (\$20.00) cost of the test. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company nurse send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company nurse, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company nurse, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date



## Golden Horizons

### Notification and Authorization for Release of Information for Criminal Background Check

**Notice:** In connection with your application for employment at KC Companies, a criminal background check may be requested or made on you. Failure to provide consent will deny further consideration of your application. If the check reveals a criminal conviction, you will be informed of the record and be given a reasonable opportunity to provide clarifying information. If upon further review, it is KC Companies, Inc. judgment that the conviction has a nexus to the position for which you have applied, you will no longer be considered for employment or, if already employed at KC Companies, Inc., you will be terminated. You will be informed in writing of such action. If you seek future employment at KC Companies, Inc. the hiring department may be informed of this action and may be directed to take this information into consideration when evaluating your application and/or appointment.

**Authorization:** I hereby authorize without reservation, any party or agency contacted by KC Companies, Inc., any of its agents, or any entity employed by KC Companies, Inc. for such purposes to furnish the above-mentioned information. I have the right to make a request of KC Companies, Inc. or its agents, under the federal Fair Credit Reporting Act, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.  
Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** Birth date and Social Security Number will be requested at the time it is decided to conduct the background check on this specific candidate.

Name of Applicant \_\_\_\_\_  
(first name, middle name, last name)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

List all cities, states and zip codes you have lived in, if the above address does not encompass 7 years

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Names Used \_\_\_\_\_ Date of Change \_\_\_\_\_

Other Names Used \_\_\_\_\_ Date of Change \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State License Issued \_\_\_\_\_

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- FOR INTERNAL USE ONLY -

Background Check Completed (Date) \_\_\_\_\_

Check revealed conviction?  Yes  No

If yes, was the conviction determined to have a nexus to the position?  Yes  No

Date adverse action letter sent to employee \_\_\_\_\_