MY HORIZON

EMPLOYMENT APPLICATION

Pre-Employment Questionnaire An Equal Opportunity Employer

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU CONTINUE:

My Horizon is obligated to follow strict State and Federal regulations. As required by 42 CFR (Code of Federal Regulations) and State of Alaska AS 47.05.300 –.05.390, and 7 AAC 10.900-10.990, all prospective My Horizon employees and volunteers will undergo a Federal background check, (fingerprints will be required) which will be accomplished by the State of Alaska, Department of Public Safety, Background Check Unit for the purpose of running a criminal background check. Prior to working with participants, both employees and volunteers will need to have at least a "Provisional" status with the State of Alaska, New Alaska Background Check System, NABCS. Candidates identified by the Background Check Program as barred will not be employed by, or allowed to volunteer at My Horizon. If your application is accepted the next step in the hiring process will consist of filling out a State of Alaska, Release of Information Authorization for Background Check, a Release of Information Authorization to My Horizon, LLC for Background Check, and for applicants not already in the NABCS a State of Alaska Background check Information Input Form. History & Release of Information Authorization and the Authorization for Release of Information to My Horizon, LLC for the additional background checks and documentation verification (see attachments).

ADDITIONAL REQUIREMENTS:

In addition to the requirements stated above, the State of Alaska and/or My Horizon also requires the following for you to be considered for employment as a Direct Care Provider for Home and Community Based Waiver (HCBW) participants at My Horizon:

- You must be at least 18 years old; and
- You must have a high school diploma, general education development (GED) diploma or demonstrate to the Program Administrator the ability to read written instructions and to make appropriate entries regarding services in the recipient record or file; *and*
- Have a current Driver's License valid for use in the State of Alaska for transportation of HCBW participants and you will be required to fill out an authorization form granting My Horizon access to your driving record, which may be checked randomly in the future; *and*
- Have and maintain current vehicle registration for all vehicles used to transport HCBW participants, which will be verified on an ongoing basis; *and*
- Have and maintain business insurance coverage on all personal vehicles used to transport HCBW Participants; and

•	You must not have a pattern of driving offences on your driving record.
	I will comply with all of the above requirements: Yes No

PERSONAL INFORMATION	Today's Date:				
Social Sec	urity #				Year
I	Oriver's License#			Expiration Date	
Name:		Number	ı	expiration Date	
Last	First	Full M	iddle Name		
Malling Address.					
Mailing Address: Street	City		State	Zip	
Physical Address: Street	City		State	Zip	
			State	Zip	
How long at this address: En	nail:				
	0.1				
Home Phone:Cell:	Other:				
Have you ever applied to/or been employed b	v My Horizon before?	$Ves \bigcirc No \bigcirc$			
Thave you ever applied to or been employed b	y wiy monzon before.	165 () 110 ()			
If yes, give dates and position held:					
	$A \setminus 1 \setminus 2$				
Do you have any friends, relatives or acquaint If yes, give names and relationship:			No		
If hired, do you have a reliable vehicle in good working condition for transporting participants? Yes No If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No					
EMPLOYMENT DESIRED					
Full-Time	Part-Time Ten	mporary Seaso	տով	No Prefero	ence 🗀
Position desired:	J 🗀			140 1 101010	
1 OSITION GESTIEU.	Hourly rate desired:		_		
— <u> </u>	Γue Wed Wed	ThuFri	Sat[□ Su	n Hours
Can you work nights? Yes No	Hours Hou	Hours Hours Yes		_	110015
Can you work weekends? Yes No	-	can you start work?			

EMPLOYMENT HISTORY

Please list your four n resume.	nost recent jobs, s	tarting with the most	recent. Please complete even if you are attaching a
1. From: MM/DD/YY	_To:	_Job Title:	
Employer: Name of Compa	any	Address	
Immediate Supervisor	r:Name		Title
Employer Telephone:		<u> </u>	May we contact for reference? Yes No
Type of work, job res	ponsibilities and r	reason for leaving:	Hourly Rate/Salary:
	MM/DD/YY		
Immediate Supervisor			
Employer Telephone:			May we contact for reference? Yes No
Type of work, job resp	ponsibilities and re	eason for leaving:	Hourly Rate/Salary:
	>		
3. From: MM/DD/YY Employer:	To: MM/DD/YY	_Job Title:	
Name of Compa	any	Address	
Immediate Supervisor	r:		Title

Employer Telephone:		May we contact for reference? Yes No		
Гуре of work, job responsibilities an	d reason for leaving: _	Hourly Rate/Salary:		
4. From:To:	Job Title:			
Employer:Name of Company	Address			
mmediate Supervisor:				
Name		Title		
Employer Telephone:		May we contact for reference? Yes No		
		-		
EDUCATION BACKGROUN	ND			
High School:		Graduated: Yes No No		
Name of School	City	State # of Years		
College 1:	City	Graduated: Yes No		
College 2:	City	Graduated: Yes No		
Name of School	City	State # of Years		
Business/Trade School:		Graduated: Yes No		
Name of School	City	State # of Years		
Other Education: Name of School	City	Graduated: Yes No No		
Name of School	CIIV	State # 01 1 cars		

CERTIFICATIONS Are you currently certified in any of the following: Adult AED: Yes No (Exp. Date: Exp. Date: Child AED: Yes (No (Adult CPR: Yes (No (Exp. Date: Child CPR: Yes No Exp. Date: Adult First Aid: Yes () No (Exp. Date: Child First Aid: Yes (Exp. Date:) No (GENERAL Special Skills: ___ Activities: (Sports, Civic, etc.): Do you speak any languages other than English, explain: Have you ever served in the Armed Forces? Yes No Branch: Rank: ___Date of Discharge: ______MM/DD/YY Are you now a member of the: National Guard Type of Discharge: Have you had any automobile accidents in the past three years? Yes () No () If yes, please explain, (how many accidents, dates and circumstances): Have you had any moving violations/DWIs/DUIs in the past three years? Yes No If yes, please explain:

Have you ever pled "guilty", "no contest"		No If yes, please explain: (w
dates, circumstances, etc.):		
REFERENCES		
Professional References		
Please provide <i>two</i> professional reference		
1. Name:	Title/Position:	
Company:	Email:	
Mailing Address: Cell: Cell:	City Other:	State Zip
Relationship to Applicant:		Years Known:
2. Name:	Title/Position:	
Company:	Email:	
Mailing Address: Address	City	State Zip
Work Phone:Cell: Relationship to Applicant:	Other:	Years Known:
Personal References		
Please provide <i>three</i> personal references on not related. Please fill in all blanks.	of people you have known for at leas	t a year and to whom you are
1. Name:	Email:	
Mailing Address: Address	City	
Home Phone:Cell:	City	State Zip
Relationship to Applicant:		Years Known:

2. Name:	Email:	
Mailing Address: Home Phone: Cell:	City	State Zip
Relationship to Applicant:		Years Known:
3. Name:	Email:	
Mailing Address: Home Phone: Cell:	City	State Zip
Relationship to Applicant:		Years Known:

APPLICANT STATEMENT

Please read carefully.

I certify that all information I have provided in order to apply for and secure work with My Horizon is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or a misrepresentation in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately terminate me from employment at My Horizon whenever it is discovered.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of My Horizon is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by My Horizon's Program Administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if I am offered a position at My Horizon after an interview, I agree to provide and pay for the following pre-employment requirements:

I will obtain a copy of my driving record from the Alaska Department of Motor Vehicles located at 1979 Peger Rd., Fairbanks, for \$10 in person or by mail. If I have an out of state license valid for use in the State of Alaska, I can make arrangements with My Horizon management to procure an out of state license driving record for a small fee with Information Direct. I will pay for the fingerprinting card with the NABCS generated form, (furnished by My Horizon via the NABCS) to be submitted to a local authorized finger printer and return the fingerprint card to My Horizon to be mailed to the State of Alaska Background Check Unit. My Horizon will pay the \$25 application fee and the \$51.50 fingerprint search fee with NABCS.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

Note: My Horizon will require your original signature on this form before employment.

I certify that I have read, fully understand and ac	
Signature of Applicant	Date (MM/DD/YYYY)
Printed Name	

My Horizon is an equal employment opportunity employer. Employment decisions are based on merit, needed skills for the job, and business needs, not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, weight, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by state or federal law.

We do not hire people based on their family backgrounds, political affiliations, socioeconomic status, or other factors that have no bearing on the services provided by My Horizon.

Thank you for your interest in My Horizon.