



APPLICATION FOR EMPLOYMENT

HORIZON IS AN EQUAL OPPORTUNITY and AFFIRMATIVE ACTION EMPLOYER

It is our policy not to discriminate against any employee or applicant because of:

- race
- religion
- marital status
- age
- color
- sex
- disability
- national origin or ancestry
- income level or source of income
- arrest record or conviction record
- less than honorable discharge
- physical appearance
- sexual orientation
- political beliefs
- student status

PERSONAL DATA

Date of Application: _____

PLEASE PRINT

Last Name	First Name	Middle Name
Address	City	State/Zip Code
Telephone Number	Other Phone	
E-Mail Address		

- Are you age 18 or older? Yes No Are you legally authorized to work in the United States? Yes No
- Have you ever been employed by Horizon before? Yes No
If yes, give position and dates: _____
- Are you currently employed? Yes No

EMPLOYMENT INTERESTS

Position(s) Applying For: 1st Choice: _____ 2nd Choice: _____

Salary Desired: _____ Available Start Date: _____

How did you learn of this job opening? Please be specific.

- Employee Referral _____
- Newspaper _____
- College Recruitment _____
- Other _____
- Internet Posting _____
- Employment Agency _____
- Walk-In _____

Are you available to work: Full-Time Part-Time Weekends Evenings Over-Time

Any hours/shifts/days you cannot work? _____

EDUCATION

Type of School	Name and Location of School	Did you Graduate?	Area of Study Major/Minor	Diploma/Degree Received
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, month/year Graduated: _____		
College/University		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, month/year Graduated: _____		
Other Relevant Training, Education or Certification				
For applicants who are in high school state name and telephone number of counselor:				

Briefly explain any specific skills that would help you qualify for the type of work you are seeking: _____

ADDITIONAL INFORMATION

Driving Experience: (Answer only if driving is essential to position)

Driver's or Chauffeur's License Number: _____

Expiration Date: _____

Has your license ever been revoked or suspended? Yes No

Have you had an accident resulting in serious injury to others and/or property damage? Yes No

If "Yes" to above questions, please describe: _____

EMPLOYMENT HISTORY

Please complete this history to cover a minimum of 7 years of work experience (including part-time). In addition to completing this section, if you have a resume, please include it for a more detailed description of your professional background. **Do not write "see resume" when completing any section of this Application.**

1	Current/Most Recent Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	\$	\$	
	Name and Title of Supervisor(s)	May we Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Reason for Leaving			

2	2 nd Most Recent Employer	<u>Dates Employed</u> From To		Work Performed
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final		
	Job Title	\$	\$	
Name and Title of Supervisor(s)				
Reason for Leaving				

3	3 rd Most Recent Employer	<u>Dates Employed</u> From To		Work Performed
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final		
	Job Title	\$	\$	
Name and Title of Supervisor(s)				
Reason for Leaving				

Please use the space below to continue your employment history to cover a minimum of 7 years work experience.

Employer	Employment Dates	Job Title	Reason for Leaving
Name: City/State: Phone: ()	From: mo/yr _____ To: mo/yr _____		
Name: City/State: Phone: ()	From: mo/yr _____ To: mo/yr _____		
Name: City/State: Phone: ()	From: mo/yr _____ To: mo/yr _____		

PROFESSIONAL REFERENCES

Please list three professional references (excluding relatives) that have known you for at least one year.

Professional Reference Contacts	Company	Telephone Numbers
Name: Business Relationship:	Company: Occupation:	Home: () Work: ()
Name: Business Relationship:	Company: Occupation:	Home: () Work: ()
Name: Business Relationship:	Company: Occupation:	Home: () Work: ()

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the statements, facts and answers set forth in this Application for Employment ("Application") and any resume I provide are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I also understand that by requesting this information, no promise of employment is being made. I hereby authorize Horizon (Horizon Development, Inc., Horizon Construction, Inc., and Horizon Management Services, Inc.), its subsidiaries and affiliates, to investigate any of the facts set forth in this Application which may include, but is not limited to, a credit check or criminal records background check (as it pertains to the position applying for).

I authorize Horizon to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that employment with Horizon, its subsidiaries and affiliates is "at will", which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis. I understand that no supervisor, manager or execution for the Company, other than the president, has any authority to alter the foregoing and then only if it is in writing.

I hereby authorize Horizon, its subsidiaries and affiliates, its employees or agents, to contact the references as well as current or previous employers listed on this Application for Employment (unless I have not authorized contact with my current employer on page 2 of this Application). I also authorize the person or organizations listed on the Application for Employment to give information concerning my previous employment, education or any other information which they may have, personal or otherwise, with regard to any of the subjects covered by this Application for Employment. I hereby release all such parties from liability for furnishing such information.

I understand Horizon, its subsidiaries and affiliates are a drug-free workplace, and I understand an offer of employment is contingent upon successful completion of Horizon's drug screening. Any positive test will negate an offer of employment.

This Application for Employment shall be considered active for a period of time not to exceed 45 days. Any Applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I also understand that depending on the position I am applying for, I may be requested to take one or more testing examinations.

Signature of Applicant

Date

***Thank you for your interest in Horizon, its subsidiaries and affiliates,
and for taking the time to complete our Application for Employment!***

Notification and Authorization to Conduct Background Investigation

I hereby authorize **Horizon Development Inc., Horizon Construction Inc., Horizon Management Services, Inc.** or its agents, SINGLESOURCE SERVICES CORPORATION, to investigate my background to determine any and all information of concern to my record, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Horizon or its agent.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer background reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

Print your full name LAST	FIRST	MIDDLE
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Print other names you have used

Date of Birth	Social Security Number
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Identify all of your addresses during the last seven years. If there are additional addresses, please provide them on a separate sheet.

Current Home Address	City	State	Zip Code
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Previous Home Address	City	State	Zip Code
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Previous Home Address	City	State	Zip Code
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Previous Home Address	City	State	Zip Code
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Previous Home Address	City	State	Zip Code
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Driver's License Number	State Issuing License
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Name as it Appears on Driver's License

<i>Your Signature</i>	<i>Today's Date</i>
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