

HISway, LLC Employment Application  
Please Print



Name ( First, Last, Middle Initial) \_\_\_\_\_

Date \_\_\_\_\_ Position applying for \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Have you applied to or worked for **HISway** before? (if yes, give dates) \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Are you 18 years or older?  Yes  No Are you eligible to work in the U.S?  Yes  No

**We conduct a criminal history background check with the Idaho Department of Health & Welfare upon employment.**

Have you been charged/convicted of a felony and/or misdemeanor and/or served time?  Yes  No

If yes, please explain \_\_\_\_\_

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**DIRECT CARE STAFF**

(and positions requiring work-related driving)

*Having a current, unrestricted driver's license, currently licensed / dependable transportation, and current vehicle insurance issued in your name may be requirements of the position for which you are applying.*

Do you have a current, unrestricted driver's license?  Yes  No

Do you have currently licensed, dependable transportation?  Yes  No

Do you have current vehicle insurance where the policy is issued in your name or where you are named on the policy?  Yes  No

Do you have a CPR Certification?  Yes  No

Do you have a Medication(UAP) Certification?  Yes  No

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**EDUCATION**

Name & Location of High School \_\_\_\_\_

Did you graduate?  Yes  No  GED

College/University \_\_\_\_\_ Degree Earned \_\_\_\_\_

Graduated?  Yes  No

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Work Experience

Please list your experience, beginning with your most recent employment:

Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Duties \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Duties \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Duties \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Duties \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Certification:** I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_