

# Employment Application



**INSTRUCTIONS:** If you need help filling out this application form,

Or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly as incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use the comments section on the back.
- Application will be valid for 60 days.

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment with us. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, termination of employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

## Personal Information

Name ( First, Last, Middle Initial) \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Valid Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Registration Exp. \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have You ever applied to or worked for HISway, LLC before? (If yes, give dates) \_\_\_\_\_

Do you have the ability to lift 25 lbs? YES / NO

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? YES / NO

Why are you interested in employment with HISway? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Availability

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked. Please indicate the days and times that you are willing to work.

What date are you available to begin work? \_\_\_\_\_

Please complete all areas of availability:

\_\_\_\_ MORNINGS \_\_\_\_ AFTERNOONS \_\_\_\_ EVENINGS \_\_\_\_ OVERNIGHTS \_\_\_\_ WEEKDAYS \_\_\_\_ WEEKENDS

Please indicate the days of the week as well as the earliest and latest times that you are available to work.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Please indicate the areas in which you are willing to work:

Boise \_\_\_\_\_ Meridian \_\_\_\_\_ Nampa \_\_\_\_\_ Surrounding Areas \_\_\_\_\_

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Light Housekeeping	<input type="checkbox"/>	Errands/Shopping and Transportation
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (Games/Crafts)	<input type="checkbox"/>	Medication Assistance	<input type="checkbox"/>	Intense Behavioral Care
<input type="checkbox"/>	ADL's for a Male	<input type="checkbox"/>	ADL's for a Female	<input type="checkbox"/>	

\*In order to be able to provide transportation or run errands you will be required to have a valid driver's license and current auto insurance. A motor vehicle check will be conducted, and proof of insurance will be required.

Are you willing to provide service to participants who own a: Cat \_\_\_\_\_ Dog \_\_\_\_\_ No Pets Only \_\_\_\_\_

Are you willing to provide service to a participant who smokes? Yes \_\_\_\_\_ No \_\_\_\_\_

## Education

Please circle the highest grade level completed:

Middle School: 6 7 8 High School: 9 10 11 12 GED College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Years Attended	Graduation Date
High School					
Vocational/Technical					
College/University					

**Job Related Skills**

Please describe any training or life experience you have that may apply to supporting a Developmentally Delayed Adult:

Please describe any work history you have that would apply to supporting a Developmentally Delayed Adult:

What do you enjoy (or think you would like) least about working with a Developmentally Delayed Adult?

What do you enjoy (or think you would like) most about working with a Developmentally Delayed Adult?

What personal rewards do you get from working with a Developmentally Delayed Adult?

**Work History**

**Most Recent Employer**

<b><u>Company Name/Location:</u></b>	<b><u>Company Phone Number:</u></b>	<b><u>Dates of Employment:</u></b>
<b><u>Position Held:</u></b>	<b><u>Supervisor's Name</u></b>	<b><u>Reason For Leaving:</u></b>
<b><u>Rate of Pay:</u></b>	<b><u>What I liked most about this position is:</u></b>	<b><u>What I dislike most about this position is:</u></b>

**Previous Employer**

<b><u>Company Name/Location:</u></b>	<b><u>Company Phone Number:</u></b>	<b><u>Dates of Employment:</u></b>
<b><u>Position Held:</u></b>	<b><u>Supervisor's Name:</u></b>	<b><u>Reason For Leaving:</u></b>
<b><u>Rate of Pay:</u></b>	<b><u>What I liked most about this position is:</u></b>	<b><u>What I dislike most about this position is:</u></b>

**Previous Employer**

<b>Company Name/Location:</b>	<b>Company Phone Number:</b>	<b>Dates of Employment:</b>
<b>Position Held:</b>	<b>Supervisor's Name:</b>	<b>Reason For Leaving:</b>
<b>Rate of Pay:</b>	<b>What I liked most about this position is:</b>	<b>What I dislike most about this position is:</b>

**References**

<b>Full Name</b>	<b>Phone Number</b>	<b>Personal/Professional</b>	<b>Years Known</b>

**\*\* We will conduct a criminal history background check with The Idaho Department of Health and Welfare upon employment.**

Are you at least 19 years of age? Yes / No

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

If Yes, please describe: \_\_\_\_\_

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last five years? Yes / No

**Certification And Release:** I certify that I have read and understand the applicant note on page one of this form and the answers given by me to the forgoing questions, and the statements made by me are complete and true to the best of my knowledge and belief, I understand that any false information, omissions, or misrepresentation of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and /or it's agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release HISway, LLC from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug testing or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between HISway, LLC and myself is terminable at will, so that both the company and I remain free to choose to end our work relationship at any time and for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the m=nature of the business, no amount of work can be guaranteed.

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

\_\_\_\_\_  
Date