



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) _____

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 _____

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**

EDUCATION

Name & Location of High School _____

Did you graduate? ___ **Yes** ___ **No** ___ **GED**

College/University _____ Degree Earned _____

Graduated? ___ **Yes** ___ **No**

WORK EXPERIENCE

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

Dates _____ to _____ Employer _____

Position _____ Employer Phone Number _____

Duties _____

Reason for Leaving _____

Dates _____ to _____ Employer _____

Position _____ Employer Phone Number _____

Duties _____

Reason for Leaving _____

Dates _____ to _____ Employer _____

Position _____ Employer Phone Number _____

Duties _____

Reason for Leaving _____

Dates _____ to _____ Employer _____

Position _____ Employer Phone Number _____

Duties _____

Reason for Leaving _____

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.

Date _____ Signature _____