



**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**

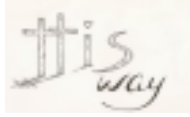
Name & Location of High School \_\_\_\_\_

\_\_\_\_\_ Did you graduate? \_\_\_ Yes

\_\_\_ No \_\_\_ GED

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

Graduated? \_\_\_ Yes \_\_\_ No



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**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 \_\_\_\_\_

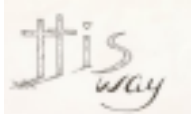
**Certification:** I certify that the information contained in this application is true and complete. I

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.

Print Name \_\_\_\_\_

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

Date \_\_\_\_\_



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