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www.valleyvista.org

Employment Application

Date:

[Print Form](#)

This application is only current for ninety (90) days, at which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Position(s) Applied for: _____ Full-Time Part-Time

Date available to work: _____ **Shift Preference:** Days Evenings Nights

Are you able to work weekends and holidays? Yes No

Are you able to perform the essential functions of the position which you are applying for? Yes No

Are you over 18 years of age? Yes No Are you eligible to work in the United States? Yes No

*Federal Law requires proof of identity and employment authorization for all new employees

Have you EVER worked for Valley Vista Care? Yes No

If Yes, list name(s) under which you worked and dates of employment: _____

Education

Type of School	Name of School and Location	# Years Completed	Major or Degree
High School			
College / University			
College / University			
Other Training/Education			

License and/or Professional Memberships

Type of License(s) or Membership(s)	Number	State	Expiration Date

Criminal History

*A conviction may not automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

1. Have you EVER been arrested or received a citation for any misdemeanor or felony offense? Yes No

Explanation: _____

2. Have you EVER plead guilty or been convicted of a crime as an adult or a juvenile? Yes No

Explanation: _____

Continue on the next page

3. Do you have **ANY** criminal charges currently against you? Yes No

Explanation: _____

4. Have you **EVER** been the subject of a child protection or adult abuse investigation? Yes No

Explanation: _____

Work History (Please list your last 3 employers, starting with the most current)

1.	Name of Employer _____ Address _____ Phone Number _____ Job Title _____ Supervisor's Name _____	Dates of employment: From: _____ To: _____ Reason for Leaving (be specific): _____
2.	Name of Employer _____ Address _____ Phone Number _____ Job Title _____ Supervisor's Name _____	Dates of employment: From: _____ To: _____ Reason for Leaving (be specific): _____
3.	Name of Employer _____ Address _____ Phone Number _____ Job Title _____ Supervisor's Name _____	Dates of employment: From: _____ To: _____ Reason for Leaving (be specific): _____

Valley Vista Care may contact my current/previous employer(s) for references? Yes No

*I authorize my previous and present employers to release requested information regarding job performance issues to Valley Vista Care.
I release Valley Vista Care, my previous employer(s), and my present employer from any and all liability in exchanging information.*

Please use this space to explain any gaps in employment and/or list any other experiences related to the position you are applying for:

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. I understand and acknowledge that, if hired, my employment is for no definite period and either Valley Vista Care or I may terminate our relationship at will at any time, without notice or reason, and that this employment application does not constitute an employment contract.

I understand that any job offer that may be extended to me may be contingent upon the successful completion of a drug test and background check.

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Applicant's Signature: _____ Date: _____