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VALLEY VISTA C · A · R · E	220 South Divisio Sandpoint, ID 838 Phone: 208-265-45 Fax: 208-263-37 www.valleyvista.o	14 89 Date		Application
An Equal Opportunity Employer				ne, if you have not heard from us and 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 C Part-Time
Date available to work:		Shift Prefer	ence: Days CEv	enings ONights
Are you able to work weekends and holiday	s? OYes O	No		
Are you able to perform the essential function	ons of the positio	n which you	are applying for?	Yes ONo
Are you over 18 years of age? CYes C	No A		le to work in the United	d States? CYes CNo
Have you EVER worked for Valley Vista Care	? O Yes O No		ares proof of identity and employ	ment authorization for an new employees

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		e e e e e e e e e e e e e e e e e e e	
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 fa conviction, seriousness and nature of the crime, and rehabilitation will be considered		date of	
1. Have you EVER been an	rested or received a citation for any misdemeanor or felony offe	ense? (	Yes	ONo
Explanation:				
	uilty or been convicted of a crime as an adult or a juvenile?	⊖ Yes	ONC	)

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

Explanation:

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

Explanation:

Applicant's Signature:

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

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

Address	From:	To:
	Reason for Lea	iving (be specific):
Phone Number		
Job Title		
Supervisor's Name		

## Valley Vista Care may contact my current/previous employer(s) for references? O Yes O 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:	
without material omissions, and under application or during any interviews ma employment is for no definite period and eith	he foregoing questions and during any interviews are true and correct rstand that, if employed, omissions and/or false statements on this y result in dismissal. I understand and acknowledge that, if hired, my er Valley Vista Care or I may terminate our relationship at will at any time, mployment application does not constitute an employment contract.
I understand that any job offer that may be extended to r	ne 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.

Date: