



Milestone

DECISIONS, INC.

PERSONAL

Name: _____ Date: _____

Current Address: _____

Phone(s): _____ Email address: _____

Are you 18 or older? Yes No (IDAPA 16.03.230.04c - you must be 18 years of age or older to provide direct resident care)

Referral Source: Advertisement Friend Relative Other _____

If an employee referred you, please give us their name: _____

Type of work or position desired: _____

2nd Preference _____ Date Available _____

Full-Time Part Time Number of hours / week desired _____

Shift Preferences: Day Shift Swing / Evening Night

Were you previously employed by us? Yes No If yes when & where? _____

What was the reason for your separation with us? _____

List experience, skills or qualifications which you feel would especially qualify you for work with the our Organization: _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Did You Graduate?	List Diploma or Degree
High School				
College				
Other Specify				

EMPLOYMENT

Please list present and past employment beginning with your most recent:

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Name and Address of Company and Type of Business	Dates of Employment	Job Title and Duties
Phone	Name of Supervisor	
Wages: Start Final	Reason for leaving:	
What will this employer say was the reason for your leaving?		
How much notice did you give when resigning? If none, explain:		

Have you ever been terminated or been asked to resign from any job? Yes No If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

Have you ever been charged with a felony? Yes No

Have you been convicted of a felony? Yes No

If you answered Yes to either of the above questions, please explain the circumstances below:

Additional Work-Related, School, or Volunteer References

Name	Position	Company	Work Relationship (supervisor, coworker)	Phone

Personal References (not former employers or relatives)

Name	Address	Phone	Number of years known

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, gender, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside.

I understand that the Company may now have, or may establish, a drug-free work place or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY TS POLICY OF EMPLOYMENT AT-WILL.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT MY EMPLOYMENT IS CONTINGENT UPON MY PASSING A STATE OF IDAHO DEPARTMENT OF HEALTH & WELFARE BACKGROUND CHECK.

_____ Initials

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date



Milestone
DECISIONS, INC.

611 S. Main St., Moscow, ID 83843 phone: 208-883-8262 fax: 208-883-1569
1221 W. Ironwood Dr., Ste. 101, Coeur d'Alene, ID 83814 phone: 208-966-4129 fax: 208-966-4046

WORK REFERENCE RELEASE OF INFORMATION

I authorize Milestone Decisions or its agents to confirm all statements contained in this application and / or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding Milestone Decision's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Milestone Decisions or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Milestone Decisions and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Milestone Decisions to provide truthful information concerning my employment to future employers and hold Milestone Decisions harmless for providing such information.

Signature of Applicant

Date

Printed Name