



# Advanced Care Northwest LLC



## Application for Employment

Mailing Address: P.O. Box 1466

204 E. Superior Street Suite #1

Sandpoint, Idaho 83864

Phone: 208-263-3225

Fax: 208-265-9862

### Personal Information

Name: (First, Last, Middle Initial)		
Address:		
City/State/Zip:		
Telephone#:	Alternate#:	E-Mail Address:
Emergency Contact: (Name, Phone#, Relationship)		

### Position

What Position are you Applying for:	<input type="checkbox"/> RN	<input type="checkbox"/> Office Personnel	<input type="checkbox"/> PCS Provider/Caregiver		
Are you Applying for:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary		
Desired Shifts:	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights		
Schedule Comments:					
May we Contact your Former Employer:				<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Employment History

<b>1. Company Name:</b>	
Address:	
Phone:	Dates of Employment:
Title and Tasks:	
Reason for Leaving:	
Supervisors Name:	
*****	
<b>2. Company Name:</b>	
Address:	
Phone:	Dates of Employment:
Title and Tasks:	

Reason for Leaving:
Supervisors Name:
*****
<b>3. Company Name:</b>
Address:
Phone: <span style="float: right;">Dates of Employment:</span>
Title and Tasks:
Reason for Leaving:
Supervisors Name:

**Education/Training**

High School Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="margin-left: 150px;">GED: <input type="checkbox"/> Yes <input type="checkbox"/> NO</span>
College/University:
Address:
Specialized Training:
Specialized Certificate:

**Professional License/Certificate**

Type of License/Certificate:	Idaho Registration #	Date Received:	Expiration Date:

**Personal References**

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

1. Have you even been convicted of a Felony?  YES  NO
2. Do you have a current Driver's License?  YES  NO
3. Do you have current Automobile liability insurance?  YES  NO
4. Are you 18 years of age or older?  YES  NO
5. What is the distance you are willing to travel to work? (Miles) \_\_\_\_\_

By signing below, the applicant certifies the information on this application is true and accurate to the best of their knowledge.

\_\_\_\_\_ Date: \_\_\_\_\_