

DeSano Place, Inc.

Licensed Residential Care Homes Of The Magic Valley
Corporate Office
50 West 620 North ~ Shoshone, ID 83352
Phone: 208-420-2599 Fax: 208-595-1588

DeSano Place Inc. Residential Care facilities are Alcohol and Drug Free workplaces and all candidates for employment are required to submit to pre-employment drug and alcohol testing. Individuals hired are subject to baseline physical assessment by a physical therapist, and random drug and alcohol testing. Criminal background checks and verification of social security number will be conducted upon interview.

Date of application _____

Name _____ Social Security _____
(Last) (First) (Middle Initial)

Current physical address _____

Current mailing address _____

Phone No: _____ Alternate No: _____ Mesasge No: _____

(You must provide phone numbers where you can to be reached to set up an interview appointment)

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Have you ever worked under a different name?
(If yes, please indicate names used and dates used) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to verify you are over the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you under the age of 18 but possess a current CNA license? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you legally authorized to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been employed by DeSano Place Inc. before?
(If yes, please give dates of employment and position held) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any previous involvement as a defendant
in a professional malpractice litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| * Have you ever pled "guilty" or "no lo contender" (not guilty) to or been convicted or been
arrested for a crime other than an infraction such as a minor traffic violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| *Do you have any pending charges for an alleged crime? | | |

*Answering "yes" to these questions does not constitute an automatic bar to employment. Many factors, such as date of offense, seriousness and nature of violation must be considered.

Name of applicant _____ Date of application _____

For what position are you applying? _____

Are you able to perform the tasks outlined in the job description for the position you desire without any physical or mental accommodations? Yes _____ No _____

If you required an accommodation to perform the tasks described in the job description, please describe those accommodations needed.

*Please note: We provide healthcare services to the elderly, those with dementia and those with disabilities and possibly mental illness, or brain injuries. **THERE IS NO GUARANTEE OF SET SCHEDULES OR HOURS AVAILABLE.** Current staff have seniority for hours of work and shift scheduling.

Hours of work you desire: Full time: _____ Part time: _____ Temporary: _____ PRN: _____	Preferred shifts, if available: Days: _____ Evenings: _____ Nights: _____	May we contact your current employer? Yes _____ No _____
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Please describe any military service or training received:

Please describe any other specific skills you have to offer for this position:

EMPLOYMENT HISTORY: Please provide the following information on your past four (4) employers, assignments or volunteer activities, starting with the most RECENT employer:

Date From/To:	Company Name:	Address, City, State:
Titles and Duties:		
Reason for leaving:	Supervisor's Name: Phone No:	

Date From/To:	Company Name:	Address, City, State:
Titles and Duties:		
Reason for leaving:	Supervisor's Name: Phone No:	

Date From/To:	Company Name:	Address, City, State:
Titles and Duties:		
Reason for leaving:	Supervisor's Name: Phone No:	

Date From/To:	Company Name:	Address, City, State:
Titles and Duties:		
Reason for leaving:	Supervisor's Name: Phone No:	

EDUCATION AND TRAINING

School	Name and location	Diploma/certificate received	Did you complete the course of study?
High School or GED			
College/University			
College/University			
College/University			
Specialized course/ training			

REFERENCES: Give the names, current addresses and phone number of three (3) people who are not related to you, as well as how long each person has known you:

Name	Address	Occupation	Telephone	Number of years known
1.				
2.				
3.				

APPLICANT ACKNOWLEDGMENT: I certify that all information I have provided to secure work with this employer is true, complete and accurate. Any false statements made intentionally by me will be cause to cancel consideration of this application, or immediate reprimand and/or discharge from the employer's service, whenever false statements are discovered.

I authorize, without reservation, this employer or agent of this employer, to contact and obtain information from all references, educational institutions, licensing authorities, previous employers, other persons or organizations, or public agencies, to seek or gather information in the employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current only for 30 days, and that a new application must be re-submitted if I am not contacted by the employer for an interview within the original 30 day window. A resume is not allowed to be a substitute for any application for employment with DeSano Place, Inc.

If hired, I understand I am free to resign at any time, with or without cause or without prior notice, and the employer reserves the right of same. This application does not constitute an agreement or contract for employment for any specified period or duration of time.

I understand I am required to give proof of age or certification allowing my employment and proof of identity, and legal authority to work in the U.S. and that federal immigration laws require that I complete and submit an I-9 form in this regard.

I also agree that I will be required to pre-employment drug/alcohol screening, and that random testing and reasonable suspicion testing may be required of me while employed at DeSano Place, Inc. **I certify that I have read, fully understood, and accept all terms of above statements:**

Signature of applicant: _____

Date: _____

Printed name of applicant: _____

tp: 6/2020