Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. If you need help to fill out this application, please notify us and every reasonable effort will be made to accommodate you.

Personal Information:

Name:

Last First Middle Other Names Used

Address:

Street City State Zip

Telephone: ( ) Home ☐ Cell ☐ Message ☐

Email Address:

Position Applying For:

Job Title:

Are you applying for:

F/T ☐ P/T ☐ Temp/Seasonal ☐

What shifts will you work?

Days ☐ Nights ☐

Available Start Date:

Are you legally eligible to work in the United States? Yes ☐ No ☐
(Federal Law requires proof of identity and employment authorization for all new employees.)

Can you travel if the job requires it?
Yes ☐ No ☐

Do you have a valid driver's license?
Yes ☐ No ☐ State:

Education/Training

School	Name	Location	Diploma, Degree & Major	Graduated Y/N
High School				
College				
Other (Business, Vocational, Military)				

TODAY'S DATE: _____

Employment History: Include Employment for the Last 10 years. Please Start with the Most Recent.

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: May We Contact Them? Yes ☐ No ☐

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: May We Contact Them? Yes ☐ No ☐

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: May We Contact Them? Yes ☐ No ☐

Position Held:

Primary Duties:

Reason for Leaving:

TODAY'S DATE: _____

Job Description

Have you read the job description? Yes ☐ No ☐

Can you perform the essential requirements of this job with or without reasonable accommodation?
Yes ☐ No ☐

Military

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho law? Yes ☐ No ☐ (**If Yes, fill out Page 5 of Application & attach required documentation**)

Have you previously claimed such preference? Yes ☐ No ☐

Professional Reference (Please list the names of three (3) persons with knowledge about your work performance or qualifications who are not related to you by blood or marriage.)

Name: _____
Last First Middle

Company: _____

Telephone: ( ) Email:

Relationship (i.e. manager, co-worker): Occupation:

Professional Reference

Name:
Last First Middle

Company:

Telephone: ( ) Email:

Relationship (i.e. manager, co-worker): Occupation:

Professional Reference

Name:
Last First Middle

Company:

Telephone: ( ) Email:

Relationship (i.e. manager, co-worker): Occupation:

Are you related by blood or marriage to any person now employed by this agency? Yes ☐ No ☐

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated. I understand that if I am offered this job, it will be contingent on successfully passing a background check.

I understand and agree that, if hired, my employment is at will and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for this agency to hire me.

I authorize [Agency Name] to contact references provided for employment reference checks.

Signature of Applicant: _____ _____ Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

IT IS THE POLICY of _____to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex (including gender identity and sexual orientation), age (unless a bona fide job requirement), disability, or any other characteristic protected by law. Reasonable accommodations will be made for disabled persons.

TODAY'S DATE: _____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here ____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

☐ I have a service-connected disability of 10% or more.

☐ I am the spouse of an eligible disabled veteran, who has a service-connected disability.

☐ I am the widow or widower of an eligible veteran and have remained unmarried.

☐ I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected, and my name removed from consideration for employment with Employer.

☐ I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

_____

Name (Please Print) Signature

DATE: _____

TODAY'S DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with _____, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of _____, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the_____ ..... I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____

Signature Witness

DATED:_____

Printed Name, including all names I have previously used or been known by:

_____

_____

_____

Phone:_____

DOB:_____