



# BOISE COUNTY APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.**

**Position Applied For:**

**Date of Application:**

\_\_\_\_\_

\_\_\_\_\_

**Last Name**

**First Name**

**Middle Initial**

**Address**

**Street**

**City**

**State**

**Zip Code**

**Home Telephone #**

**Cell Phone #**

**Work Telephone #**

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If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES

NO

Have you ever filed an application with us before?

YES

NO

If yes, provide date \_\_\_\_\_

Have you ever been employed with us before?

YES

NO

If yes, provide date \_\_\_\_\_

Are you currently employed?

YES

NO

If yes, may we contact your employer?

YES

NO

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you legally eligible for employment in the United States?

YES

NO

*(Proof of citizenship or immigration status will be required upon offer of employment.)*

On what date would you be available to begin work?

\_\_\_\_\_

Are you interested in working:  Full Time

Part Time

Temporary

Have you ever been convicted of a felony in the last seven (7) years?

YES

NO

*(Conviction will not necessarily disqualify an applicant from employment.)*

If yes, please explain:

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Do you possess a current driver's license in the State of Idaho?  YES  NO

If so, do you possess a current CDL?  YES  NO

Will you require any special considerations to assist you in performing the job for which you are applying?  YES  NO

If yes, please explain. \_\_\_\_\_

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Were you ever in the Armed Forces?  YES  NO

If yes, which branch? \_\_\_\_\_

### **EDUCATION, TRAINING & EXPERIENCE**

#### **High School:**

Name: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  YES  NO

Diploma Earned: \_\_\_\_\_

#### **College/University/Technical School:**

Name: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate?  YES  NO

Degree/Certificate Earned: \_\_\_\_\_

#### **Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

Please state any additional information you feel may help us in considering/evaluating your application, including any specialized training, apprenticeship, skills or extra-curricular activities:

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**REFERENCES**

Please give name, address and telephone number of three references who are not related to you.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EMPLOYMENT** *(Please list most current first.)*

Employer's Name & Address:

\_\_\_\_\_

Supervisor's Name & Phone Number:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Length of Employment (Include dates):

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact this employer for a reference? **O YES** **O NO**

\_\_\_\_\_

Employer's Name & Address:

\_\_\_\_\_

Supervisor's Name & Phone Number:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Length of Employment (Include dates):

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact this employer for a reference? **O YES** **O NO**

\_\_\_\_\_

Employer's Name & Address:

\_\_\_\_\_

Supervisor's Name & Phone Number:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Length of Employment (Include dates):

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_  
May we contact this employer for a reference?  YES  NO

\_\_\_\_\_  
Employer's Name & Address:

\_\_\_\_\_  
Supervisor's Name & Phone Number:

\_\_\_\_\_  
Job Title: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_\_  
Length of Employment (Include dates):

\_\_\_\_\_  
Reason for Leaving:

\_\_\_\_\_  
May we contact this employer for a reference?  YES  NO

\_\_\_\_\_  
If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and or separation from the County's service, if I have been employed. Furthermore, I understand that Boise County has a six-month probationary period in place and during this time that the County reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Boise County has the authority to make any assurances to the contrary.

I give Boise County the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Boise County and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Boise County is an equal opportunity employer. Boise County does not discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, State or Federal law.

I hereby authorize investigation of any kind and all statements contained in the application. I also authorize any criminal history background check upon myself and any driver's history check (where applicable) upon myself, to be obtained by Boise County.

I consent to a drug/alcohol test if so required by Boise County policy as a condition of employment. I understand that if I test positive for illegal drugs or alcohol, I will not be offered employment or my conditional employment with the County will be terminated.

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange Interview:     YES         NO

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed:             YES         NO

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

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_



## BOISE COUNTY

### BOISE COUNTY EMPLOYMENT BACKGROUND INFORMATION CHECK AUTHORIZATION FORM

I, \_\_\_\_\_, have submitted an application for employment with Boise County and give the following information for the purpose of a criminal background check only.

NAME: \_\_\_\_\_  
(Please Print)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature



**BOISE COUNTY**  
**DOT DRUG TESTING PROGRAM**  
**CONTROLLED SUBSTANCE TESTING CONSENT FORM**  
**(Prospective Employees)**

As a part of my application for employment as a driver or employment in a safety-sensitive position for Boise County, I consent to a drug/alcohol test as required by Boise County policy.

I understand that if I test positive for illegal drugs or alcohol, I will not be offered employment or my conditional employment with Boise County will be terminated.

I understand that the collection, testing and reporting of my specimen will be done in accordance with DOT regulations relating to the testing of controlled substances. If I am taking any prescription medication at the time of my drug test, I will be afforded an opportunity to discuss that with a Medical Review Officer (MRO) if my test comes back positive for illegal drugs.

I consent to the release of my drug and alcohol test results received by Minert & Associates, Inc. as the representative of Boise County, and the Medical Review Officer, to management officials at Boise County and understand that those test results will be held in confidence by them.

I further consent to Boise County contacting those employers for whom I have worked in a safety-sensitive position for two (2) years for the purpose of Boise County verifying from my past employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that Boise County receives information from a past employer that I have tested positive for drugs or alcohol within the last year, I will not be offered employment, or my conditional employment will be terminated with Boise County. I consent to the release of that information by those employers for whom I have worked during the past two (2) years.

\_\_\_\_\_  
Applicant's Name *(please print)*

\_\_\_\_\_  
Applicant's Home Phone Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date