



BOISE COUNTY

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, 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*

Street *City* *State* *Zip Code*

Home Telephone # *Cell Phone #* *Work Telephone #*

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, provide the date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, provide date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon offer of employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to begin work?	Date: _____	
Were you ever in the United States Armed Forces? If yes, which branch? _____. If yes, attach a copy of your DD214.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what basis are you interested in working?	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
		<input type="checkbox"/> Temporary
Have you ever been convicted of a criminal offense? If yes, attach a written explanation with your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been given a job description for the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the requirements in the job descriptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of this job with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION, TRAINING & EXPERIENCE

High School:

Start date:	End date:	Name:	City, state, zip:
Number of years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date diploma earned:	
Reason for leaving (if program not completed):			

College/University/Technical School #1:

Start date:	End date:	Name:	City, state, zip:
Number of years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/certificate earned:	
Reason for leaving (if program not completed):			

College/University/Technical School #2:

Start date:	End date:	Name:	City, state, zip:
Number of years completed:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/certificate earned:	
Reason for leaving (if program not completed):			

Military:

Start date:	End date:	Branch:	Rank:
Total years of service:	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Skills/duties:	
Related details:			

EMPLOYMENT HISTORY *(List most recent first.)*

Beginning with your current or most recent employment, list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For the purposes of this application, volunteer work should be included as employment. For identification and verification, indicate the nature of the activity; i.e. full-time, part-time, or voluntary. If you have had intervening periods where you were not employed, list those periods in the spaces provided. If you need more space for positions or gaps, attach additional sheets with the information.

Current (or most recent) employer

Start date:	End date:	Name of employer:	Employer address:
Exact title of position:		Type of business:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Other: _____
Your duties are:			Number supervised:
Name and title of your supervisor:		Phone (Include area code) -	
		Email address -	
Starting salary:		Current salary:	
Reason for leaving/desiring to leave (be specific – “personal” will not be accepted):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any gaps in employment:			

Employer #2

Start date:	End date:	Name of employer:	Employer address:
Exact title of position:		Type of business:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Other: _____
Your duties were:			Number supervised:
Name and title of your supervisor:		Phone (Include area code) -	
		Email address -	
Starting salary:		End salary:	
Reason for leaving/desiring to leave (be specific – “personal” will not be accepted):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any gaps in employment:			

Employer #3

Start date:	End date:	Name of employer:	Employer address:
Exact title of position:		Type of business:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Other: _____
Your duties are:			Number supervised:
Name and title of your supervisor:		Phone (Include area code) -	
		Email address -	
Starting salary:		Current salary:	
Reason for leaving/desiring to leave (be specific – “personal” will not be accepted):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any gaps in employment:			

Employer #4

Start date:	End date:	Name of employer:	Employer address:
Exact title of position:		Type of business:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Other: _____
Your duties are:			Number supervised:
Name and title of your supervisor:		Phone (Include area code) -	
		Email address -	
Starting salary:		Current salary:	
Reason for leaving/desiring to leave (be specific – “personal” will not be accepted):			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any gaps in employment:			

Employer #5

Start date:	End date:	Name of employer:	Employer address:
Exact title of position:		Type of business:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Other: _____
Your duties were:			Number supervised:
Name and title of your supervisor:		Phone (Include area code) -	

	Email address -
Starting salary:	End salary:
Reason for leaving/desiring to leave (be specific – “personal” will not be accepted):	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any gaps in employment:	

If you need additional space, attach additional sheets of paper.

SPECIAL SKILLS & QUALIFICATIONS

State any additional information about you that may help us in evaluating your application, including any specialized training, qualifications, licenses, certifications, apprenticeships, skills or extra-curricular activities. If the position you are applying for requires a driver's license or a commercial driver's license, and you have such a license, please indicate that here as well.

REFERENCES

Provide the names, addresses, and telephone numbers of three references who are not related to you.

Reference #1

Name:		Address:
Phone number:	Email address:	
Relationship:		

Reference #2

Name:		Address:
Phone number:	Email address:	
Relationship:		

Reference #3

Name:		Address:
Phone number:	Email address:	
Relationship:		

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 employees are "at-will," and that I may be terminated 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 previous employers marked as "OK" to contact above, and to secure additional information about me, if job-related. I hereby release Boise County and its representatives from liability 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 fro 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 hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts, deliberate inaccuracies, omissions or incomplete statements will subject me to disqualification or termination of employment if discovered after I become employed.

I understand that additional testing of job-related skills and for the presence of drugs in my body may be required prior to employment. After a contingent job offer of employment, and prior to reporting to work, I may be required to submit to a medical review. Depending on the needs of the job, I will be required to complete a medical history form and may be required to be examined by a medical professional designated by the County to determine my ability to perform the essential functions of the job, with or without reasonable accommodation. Accommodation is reasonable if it does not impose an undue hardship to the County and does not create a direct threat to the health and safety of myself or others.

I understand that if I receive a conditional offer of employment, as a condition of the offer, I may be required to consent to several checks and tests, such as but not limited to, a criminal history check, a background check, a driver's history check, drug and alcohol testing, and a credit history check.

NAME (print)

DATE

SIGNATURE OF APPLICANT

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Arrange Interview: YES NO

Remarks:

Interviewer

Date

Employed: YES NO

Start Date: _____

Job Title: _____

Hourly Rate/Salary: _____