

# APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied for \_\_\_\_\_

Date of Application \_\_\_\_\_

How Did You Learn About Boise County?

Advertisement

Friend

Walk-In

Employment

Relative

Other

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No  
If Yes, May we contact your present employer?  Yes  No  
If Yes, Name \_\_\_\_\_, Phone Number \_\_\_\_\_

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 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 \_\_\_\_\_

Do you possess a current driver's license in the State of Idaho?  Yes  No  
If so, do you possess a CDL Classification driver's license?  Yes  No

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

Were you ever in the Armed Forces?  Yes  No  
If Yes, what Branch? \_\_\_\_\_

## EDUCATION

	Elementary School				High School				Undergraduate/college/Univ.				Graduate/Professional			
School Name and Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study:																
Describe any specialized training, apprenticeship, skills and extra-curricular activities:																
Describe any honors you have received:																
State any additional information you feel may be helpful to us in considering your application:																

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE				
		FLUENT	GOOD	FAIR
SPEAK				
READ				
WRITE				

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status:*


## REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job related training in the United States Military? ( ) Yes ( ) No  
 If yes, please describe: \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ( ) Yes ( ) No

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer's Name & Address:	Dates Employed:		Work Performed:
	From	To	
Telephone Numbers:	Hourly Rate/Salary:		
	Starting	Final	
Job Title:	Supervisor's Name:		
Reason for Leaving:			

Employer's Name & Address:	Dates Employed:		Work Performed:
	From	To	
Telephone Numbers:	Hourly Rate/Salary:		
	Starting	Final	
Job Title:	Supervisor's Name:		
Reason for Leaving:			

Employer's Name & Address:	Dates Employed:		Work Performed:
	From	To	
Telephone Numbers:	Hourly Rate/Salary:		
	Starting	Final	
Job Title:	Supervisor's Name:		
Reason for Leaving:			

Employer's Name & Address:	Dates Employed:		Work Performed:
	From	To	
Telephone Numbers:	Hourly Rate/Salary:		
	Starting	Final	
Job Title:	Supervisor's Name:		
Reason for Leaving:			

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

### Special Skills and 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 Employer'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 Employer 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 is used for the purpose of limiting or excluding any applicants consideration for employment on a basis prohibited by local, State, or Federal law.

I hereby authorize investigation of any and all statements contained in this 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 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.

Maiden Name (where applicable): \_\_\_\_\_ S.S. Number \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     Yes     No

Remarks:

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

*Interviewer*

*Date*

Employed     Yes     No

Date of Employment: \_\_\_\_\_

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

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

# BOISE COUNTY

ORIGINAL BOISE COUNTY COURTHOUSE

## 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 \_\_\_\_\_  
Printed

Drivers 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 the 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 an 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 the 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 the 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 the 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 the 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 (Print)

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

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

\_\_\_\_\_  
Date