Page	1	of	6
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TODAY'S	DATE:		
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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. This application is to fill the current open position only.

Personal Infor	mattorr				
Name:				•	
Traine.	Last	First	Middle	Other Names Use	ed
Address:				01.1	
	Street	City		State	Zip
Telephone:	(<u>)</u> Home	Cell	<u> </u>	/lessage	
Email Address:					
Littair, tadress.		•			
Webpage Addre	ess(es):				•
SE CONTRACTO DE CONT	nerodia apparentantantantantantan	· ·	CALCALLARY TO A STATE OF THE ST		
Position Appl	ying For:				
34.5	Action to the second se				
Job Title:					
Are you	applying for: W	hat shifts will you work?	May We	e Contact Present Emplo	yer?
□ F/T □ P/T	Temp/Seasonal	☐ Days ☐ Nights		Yes No	
Available Start	Date:				
		national and the second		2006年 100	
Are you legally	eligible to work in the Unite	ed States? Yes No		Sender processes and a send of	
(Federal Law re	quires proof of identity and	l employment authorization	on for all new emplo	yees.)	
Can you travel if t	the job requires it? Yes 🗌 N	o 🗌 Do you have a va	lid driver's license? You	es 🗌 No 🔲 State:	
Education/Tra	aining				
School	<u>Name</u>	Location	Dates Attended From / To:	<u>Diploma, Degree</u> <u>& Major</u>	Graduated?
High School		·			
College				-	
Other					
Other (Business,					
Vocational,	•				
Military)					
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While Obtaining	istory (Please Stan Will Higher Education—Use	h the Most Recent, Ending With Additional Paper as Necessary	Age 18 Excluding Falls IIII	
Employer.		·		
Address:	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
·		oupervisor runne.	Final Rate of Pay:	
Dates From:	10.			
Position Held:	· · · · · · · · · · · · · · · · · · ·			
Primary Duties:				
Reason for Leav	ring:	. • 17		
Next Employer				
Employer:				
Address:			•	
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		·
Dates From:	To:		Final Rate of Pay:	
	· · · · · · · · · · · · · · · · · · ·			
Position Held:			·	
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Position Held:			·	
Position Held: Primary Duties:				
Position Held: Primary Duties: Reason for Leav				
Position Held: Primary Duties: Reason for Leav				
Position Held: Primary Duties: Reason for Leav Next Employer: Employer:		City	State	Zip
Position Held: Primary Duties: Reason for Leav Next Employer: Employer:	ing:	City Supervisor Name:	State	
Position Held: Primary Duties: Reason for Leav Next Employer: Employer: Address:	ing:		State Final Rate of Pay:	
Position Held: Primary Duties: Reason for Leav Next Employer: Employer: Address: Telephone:	ing: Street			
Position Held: Primary Duties: Reason for Leav Next Employer: Employer: Address: Telephone: Dates From:	ing: Street			

TODAY'S DATE:	Page 3 of 6
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Personal programme (Chief	Action and the second second	t Ali Skills & Sof	tware Applicati	ons.You Ha	ve Experie	nce Using):		
Word Prod Spreadshe Other Soft Database:	eet: tware:		with at the character property of the charac					The Control of the Co
Microsoft (Office? Yes	□ No □	PowerPoint?		No 🗌			
Scanner?	Yes	□ No □	Copier?	Yes 🗌	No 🗌	Charles and Control		
Digital Pho Explain Inte	one Systems? ternet Skills, Ind	Yes No Cuding Email Usa] age:				·	- V - Ough
Professiona	al Licenses or	Certificates Held:				7		
Military 7								
are claiming	veteran or famili g preference pur its successor?	ly member who q ursuant to Idaho ?	ualifies for and Code	Yes 🗌	No 🗌	(If Yes, fill & attach	out Page 5 of App proper documents	lication ation)
		ned such preferen		Yes 🗌	No 🗌	the an in walk to some the shall be a few	about in East, (*ag abou skyl) sijd typys y y yn	
Personal R	efererice (Plea	ase list the name	s of three (3) per	sons <u>not</u> rel	ated to you	by blood or i	namage.)	
Name:					·····			
Address:	Last		First				fiddle :	
Telephone:	Street () Home		C	ity () Other		State	Zip	
STATE CONTRACTOR TO THE	PRESENTATION AND PROPERTY OF THE PROPERTY OF T	end, co-worker):	和此中的社会和公司,其相段	a a Automorphism	कारा ता एक्वांसह	Occupa	tion:	1 2
Personal Re	ference.				最上海亞			A TANK
Name:	Look		Fine (2211		
Address:	Last		First			Middle		
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Connection T	Home To You (i.e. frie	end, co-worker):	Ut	her		Occupat	tion;	_
Personal Re	AND THE PROPERTY AND THE PARTY AND THE							
Name:	• 4							
Address:	Last		First			Middle) 	
Telephone:	Street (City ()	Sta	ate	Zip	
Connection To	Home o You (i.e. frier	nd, co-worker):	Oth	her		Occupati	ion:	

TODAY'S DATE:	Page 4 of 6
Have you ever been charged with a crime (other than a minor traffic infraction)? Yes \(\subseteq \text{No } \subseteq \)	
If yes, when & where: Please Explain:	
	· · · · · · · · · · · · · · · · · · ·
Are you related by blood or marriage to any person now employed by Employer? Yes ☐ No ☐	
If yes, give name and relationship to you:	
CERTIFICATION	
certify that all answers and statements on this application are true and complete to the best of understand that should an investigation disclose untruthful or misleading answers, my application maname removed from consideration, or my employment may be terminated.	mv knowledge
understand and agree that, if hired, my employment is for no definite period and either Employer or I relationship at any time, and that this employment application does not constitute an employment contract	may terminate ou ct.
Signature of Applicant: Date:	
	•
IT IS THE POLICY of to provide equal opportunity in all terms, co privileges of employment for all qualified job applicants and employees without regard to race, color, origin, goodern and containing applicants.	nditions and
origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reason accommodations will be made for disabled persons.	able

TODAY'S DATE:	Page 5 of 6
VETERAN'S PREFERENCE	
If you are NOT claiming Veteran's Preference, please initial here and proceed to the next page	e.
Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the qualifications and experience between candidates for an available position, a veteran who qualifies will be claiming veteran's preference, please complete the information below and attach a copy of your lapplication.	pe preferred. I
(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 traini	ing.
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	e. Lunderstand
that should an investigation disclose inaccurate or misleading answers, my application may be rejected 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 docume	nt.
Name (Please Print) Signature	
DATE:	

TODAY'S DATE:				Page 6 of 6
MAY WE CONTACT YOUR PRESENT EMPLOYER?	Yes [] No 🗌		•
<u>AUTHORIZATION FO</u>	OR RELEAS	E OE PERSON	IAI INEODMAT	TION
· ·	<u> MELLINOS</u>	LOTTENDON	IAL INI OKWA	HON
I,, an do hereby authorize a review of and full disclos agent of,	applicant foure of all rec whether the	or employment cords or inform said records a	with. ation concerning re of a public, p	ng myself to any duly authorize private, or confidential nature.
The intent of this authorization is to give of educational institutions; employment and precomplaints or grievances filed by or against me involvement.	e-employmer	nt records, incl	ludina hackaro	und reports officiency ratings
I understand that any information obtated developed directly or indirectly, in whole or in particle for employment by thefurnish such information concerning me shall not person(s) and entities from any and all liability where	rt, upon this	authorization w I hereby a e for providing	vill be considere gree that any this information	ed in determining my suitability person(s) or entities who may
I further authorize that a photocopy of this said photocopy does not contain an original writing	signed relea g of my signa	ase form will be ature.	e valid as an or	iginal thereof, even though the
Signature		Witr	ness	
DATED:				
Printed Name, including all names I have previous	ly used or be	en known by:		
		,		· ·
Phone:				
DOB:				