

Washington County, State of Idaho
An Equal Opportunity Employer

Application for Employment

Employees of Washington County and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

1. Position applied for _____ (one per application) 2. Department _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)
3. Social Security No. _____
4. Full legal name _____ Last First Middle 6. Home Phone _____
5. Address _____ City State Zip 7. Business Phone _____

8. EDUCATION

- a. Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes
- c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree	Major or Specialty	Minor	Dates Attended

- d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

EXPERIENCE-Use *Supplementary Experience Form(s)* for additional space. Start with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs with in the same organization as separate items.
 May we contact your present supervisor Yes No

- a. **Job Title** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time ___ Part-time ___ Hours/week _____

- Duties:** _____

 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

- b. **Job Title** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time ___ Part-time ___ Hours/week _____

- Duties:** _____

 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

c. **Job Title** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) \$ _____ (finish) \$ _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time ___ Part-time ___ Hours/week _____

Duties: _____

 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, work-Shops, special achievements or specialized skills:

e. Automated work processing (specify equipment) _____

Typing Speed _____ words per minute. Shorthand speed _____ words per minute.

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends Specify shift hours _____

b. Check which job status you would accept: ___ Full-time ___ Part-time (specify) _____

c. Are you willing to accept employment which requires you to travel? ___ No ___ Yes If yes, ___ during the day only, ___ Occasionally overnight, ___ Frequently overnight.

d. For the purposes of compliance with The Immigration Reform and Control Act, are you eligible for employment in the United States? ___ Yes ___ No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

e. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ___ Yes ___ No If yes, list all and explain _____

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 ___ Month ___ Day _____ Year.

APPLICANTS STATEMENT:

I understand that Washington County, Idaho considers applicants for all positions without regard to race, color, disability, religion, sex, national origin, age, marital or any other legally protected status. I hereby certify that there are not willful misrepresentations, omissions, or falsifications in the statements and answers to questions in the foregoing supplemental and original Washington County application. I acknowledge that these applications expire thirty (30) days from the supplemental application date. I understand that I have a continuing obligation to update these applications with any information necessary to reflect any material changes to any of the answers given. I authorize the Clerk of the District Court to verify information concerning my employment history and any other information given by me pertaining to this application. I further authorize the Clerk of the District Court to perform a background criminal records check on me and further release its employees, elected official and others from any liability or damage which may result from the furnishing of the information requested. I am aware that should an investigation disclose any misrepresentation, omissions, or falsifications, my application will be rejected, or if already employed, my employment will be terminated. I understand that completion of this application or acceptance of an offer of employment does not create any contractual obligation between Washington County, Clerk of the District Court and me.

Signature _____ Date _____, 2003

Federal Law prohibits the employment of unauthorized aliens. You will be required to submit documentation to prove you have employment authorization. If you do not produce such documentation, you will not be employed.