



Application For Employment

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

(Please Print)

Date of Application _____

Position Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency _____ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____
Area Code

If employed and you are under 18,
Can you furnish a work permit? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If Yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If Yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work _____ Full-time _____ Part-time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify applicants from employment.)

If Yes, please explain _____

An Equal Opportunity Employer M/F/V/H

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
2. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
3. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			
4. Employer () Telephone	Dates From	Employed To	Work performed
Address			
Job Title	Hourly Rate Starting	or Salary Final	
Supervisor			
Reason for Leaving			

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

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc: _____

Veteran of the U.S. military service? _____ Yes _____ No If Yes, Branch _____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): _____

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

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, medical examination or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the State of Idaho..

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____
 _____ Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hr Rate/Salary _____ Department _____

By _____
Name and Title

Date