Boundary County 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 Information:			
Name:			
Address:	Last	First	Middle	Other Names Used
	Street	City	State	Zip
Telephone:	( ) Home	( ) Cell	( ) Message	
Email Address:			
Webpage Address(es):			

Position Applying For:		
Job Title:		
Are you applying for:	What shifts will you work?	May We Contact Present Employer?
☐ F/T ☐ P/T ☐ Temp/Seasonal	☐ Days ☐ Nights	☐ Yes ☐ No
Available Start Date:		

Are you legally eligible to work in the United States? Yes ☐ No ☐
(Federal Law requires proof of identity and employment authorization for all new employees.)

Can you travel if the job requires it? Yes ☐ No ☐ Do you have a valid driver's license? Yes ☐ No ☐ State:_____

Education/Training

School	Name	Location		Diploma, Degree & Major	Graduated? Yes/No
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street City State Zip

Telephone: ( ) Supervisor Name:

Dates From: To: Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Word Processing:
Spreadsheet:
Other Software:
Database:
Microsoft Office? Yes ☐ No ☐ PowerPoint? Yes ☐ No ☐
Scanner? Yes ☐ No ☐ Copier? Yes ☐ No ☐

Digital Phone Systems? Yes ☐ No ☐

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

Military

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes ☐ No ☐ **(If Yes, fill out Veteran's Preference Page)**

Have you previously claimed such preference? Yes ☐ No ☐

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: ( ) ( )
Home Other
Connection To You (i.e. friend, co-worker): Occupation:

Personal Reference

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: ( ) ( )
Home Other
Connection To You (i.e. friend, co-worker): Occupation:

Personal Reference

Name: _____
Last First Middle
Address: _____
Street City State Zip
Telephone: ( ) ( )
Home Other
Connection To You (i.e. friend, co-worker): Occupation:

May we contact your present employer? Yes ___ No ____

Are you related by blood or marriage to any person now employed by Boundary County? Yes ____ No ___

If yes, give name and relationship to you:

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Boundary County or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant:_____ Date:_____

IT IS THE POLICY of Boundary County to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age (unless a bona fide job requirement), disability, or retaliation. Reasonable accommodations will be made for disabled persons.

VETERAN'S PREFERENCE

Complete this page if claiming Veteran's Preference.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(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 training.

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 page are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name 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 document.

_____ _____

Name (Please Print) Signature

DATE: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Boundary County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Boundary County, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement. This authorization gives Boundary County the right to run a criminal records check on you.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Boundary County. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____

Signature Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

_____

_____

_____

Phone:_____

PLEASE FILL IN THIS SECTION (REQUIRED):

List Job Position You Applied For_____

I learned about this job opening through (check appropriate boxes):

_____ County Employee

_____ Friend/Relative

_____ County Employment Announcement (Job Service)

_____ County Courthouse Walk-In

_____ Boundary County Website: www.boundarycountyid.org

_____ Other Website (please specify)_____

_____ An Organization or Group (please specify) _____

_____ Newspaper Advertisement in the Bonners Ferry Herald

_____ Other means (specify) _____

PROVIDING INFORMATION IN THIS SECTION IS VOLUNTARY AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FORM:

AFFIRMATIVE ACTION DATA

It is the policy of Boundary County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, disability or retaliation. To help us comply with government record keeping, reporting, and other legal requirements, please complete the affirmative action data below.

ETHNIC CATEGORY (Choose only one):

_____ WHITE (Not of Hispanic Origin)

_____ AFRICAN-AMERICAN (Not of Hispanic Origin)

_____ HISPANIC

_____ ASIAN OR PACIFIC ISLANDER

_____ NATIVE AMERICAN OR ALASKAN NATIVE

SEX: _____ MALE _____ FEMALE

AGE: Are you 40 years of age or older? _____ YES _____ NO

VETERAN: Are you a Veteran of the U.S. Military Service? _____ YES _____ NO

DISABILITY: Are you disabled? _____ YES _____ NO

If Yes, please explain:

_____

_____