

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A résumé 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.

Jerome County believes that a diverse work force adds quality and prospective to servicing the public in the best manner possible. Therefore, it is the ongoing policy and practice of Jerome County to strive for equal opportunity in employment for all employees and applicants. No person shall be discriminated against in any term, condition, or privilege of employment because of race, national origin, religion, disability, pregnancy, age, military status, marital status, genetic characteristics or information, gender, gender identity, gender variance, or sexual orientation.

Applications must be received by 5:00 p.m. on the closing date listed on the job announcement and at the location listed on the announcement. **Late applications will not be accepted.** The County is **not responsible** for errors made by the postal or electronic system, or for mechanical failure of a FAX machine. Applications are required for all Jerome County positions openings and must be filled out completely and accurately. You may submit a resume and cover letter with your job application. Please refer to the job announcement for duties and requirements of the position. According to the Public Writings section of Idaho Code, Title 9, chapter 3, some or all of the information on this application may be required to be disclosed to a requesting party.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone:				
	Home	Cell		

Bilingual Skills				
Language	Speaking Fair, Good, or Fluent	Understanding Fair, Good, or Fluent	Reading Fair, Good, or Fluent	Writing Fair, Good, or Fluent
Email Address:				
Webpage Address(es):				

Position Applying For:		
Are you applying for: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	What shifts will you work? <input type="checkbox"/> Days <input type="checkbox"/> Nights	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Available Start Date:		

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____

Employment History (Please Start With the Most Recent, Ending With Age 18, 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:

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or domestic partner? No Yes

Have you ever worked for Jerome County? No Yes — If yes, from (mo/yr) _____ to (mo/yr) _____

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 Page 5 of Application & attach proper documentation)

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: _____

Education/Training

<u>School Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree & Major</u>	<u>Graduated?</u>
High School				
College				
Other (Business, Vocational, Military)				

Conviction Record (Required From All Applicants)

PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not necessarily disqualify you for employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply may be taken into account. Jerome County routinely verifies conviction, driving and other information listed on this application. If you do not respond accurately, or if you commit errors of omission of fact, intentionally or unintentionally, you may be ineligible for Jerome County employment.

Answer this section truthfully, including all offenses of which you were convicted or pleaded no contest.

Have you ever plead guilty, no contest or been convicted of a **MISDEMEANOR** or **FELONY** or violation of any ordinance or law other than minor traffic violations and/or placed on probation, fined, or given a suspended or deferred sentence in court? (Include any convictions by military trial and any criminal charges for which you are awaiting trial. List all cases other than minor traffic violations. Driving under the influence, careless, reckless, or hit-and-run driving are not minor traffic violations.) **No** **Yes** – If yes, provide the information requested below for each offense.

Do not list arrests – only list convictions

OFFENSE	OFFENSE	OFFENSE
DATE	DATE	DATE
PLACE	PLACE	PLACE
SENTENCE/FINE	SENTENCE/FINE	SENTENCE/FINE

Required Signature Section

YOUR SIGNATURE IS REQUIRED prior to your selection for a position with Jerome County.

Employment Application Certification

I certify that all of the information provided by me in connection with my employment application, whether on this document or not, is true and complete, and I understand that any false, omitted, incomplete or misleading information may disqualify me from further consideration for employment or be grounds for refusal to hire or, if hired, may result in my dismissal if discovered at a later date.

I authorize Jerome County to investigate any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer, and organizations to provide relevant information and opinions to the county that may be useful in making a hiring decision. I release all such parties from any liability in making such statements.

I understand that, if I am offered employment or a post-employment promotion, it may be conditioned on satisfactory results of a background investigation, pre-placement physical, physical agility skill testing, substance screen, and a county post-employment medical examination or inquiry. I also understand that if hired, my continued employment may be based on the testing listed above.

I understand that, if I am offered employment, I will be required to serve an at-will probationary period, and that my continued employment is conditional based upon my performance.

I understand that because Jerome County is a public employer, this application may be public information.

I understand that for jobs that require a valid driver's license, I will be required to provide a copy of my driving record.

I understand that for jobs requiring operation of a commercial motor vehicle, that I am required, in accordance with the Commercial Motor Vehicle Safety Act of 1986, to list any experience I had as a commercial vehicle driver within the past 10 years from the date of this application. I certify that the information provided in the driving section of this application meets this requirement. I also understand that in accordance with the Commercial Motor Vehicle Safety Act of 1986, I am not allowed to operate a commercial motor vehicle if I hold more than one license; or if my license has been revoked, suspended or canceled; or if I have been disqualified as a driver under the Federal Motor Vehicle Carrier Safety Standards.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE AND THAT MY FAILURE TO SIGN BELOW WILL NULLIFY MY CONSIDERATION FOR EMPLOYMENT.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

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 form 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: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Jerome County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Jerome 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.

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 the Jerome 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: _____

DOB: _____