



DATE: \_\_\_\_\_

## 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:				
	Last	First	Middle	Other Names Used
Address:				
	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?
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights		<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: _____	

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

**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:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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Reason for Leaving:

**NEXT EMPLOYER:**

Employer:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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REASON FOR LEAVING:

**NEXT EMPLOYER:**

Employer:

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Address:

Street	City	State	Zip
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Telephone: (    )                      Supervisor Name:

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Dates From:                      To:                                      Final Rate of Pay:

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Position Held:

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Primary Duties:

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Reason for Leaving:



It is the Blaine County Recreation District's policy to conduct background checks on all employees 18 years of age and older if hired. Continued employment is subject to the results of the background check.

Have you ever been **charged** with a crime (other than a minor traffic infraction)?

Yes  No

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

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 Employer 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 the Blaine County Recreation District 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, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

**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.

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(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: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

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

**ALL APPLICANTS UNDER 18 MUST HAVE SIGNED CONSENT.**

**PARENT/GUARDIAN AUTHORIZATION**

I, \_\_\_\_\_ (full name of parent or legal guardian), am the parent or lawful guardian of \_\_\_\_\_ (full name of minor), who has signed this Application attached hereto. I authorize \_\_\_\_\_ (full name of minor) to work for the Blaine County Recreation District with full knowledge of the terms of the Certification in said application, as though I executed it myself. I understand that the terms of the Certification are contractually and legally binding upon me and the minor person who I have authorized to work for the Blaine County Recreation District and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of the Agreement of Understanding.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Parent or Guardian Signature: \_\_\_\_\_

Full Name (type or print) \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip

Phone \_\_\_\_\_

WITNESS:

\_\_\_\_\_

(Signature of Witness)