

EMPLOYMENT APPLICATION FOR IDA COUNTY
Ida County is an Equal Opportunity Employer

PERSONAL

Full Name: _____
 First Middle Initial Last

Current Address: _____
 Number Street City State Zip

Telephone Number: () _____ Social Security Number: _____

Are you 18 years of age or older? Yes No Are you a military Veteran? Yes No

If Yes, Dates of
Active Duty _____ to _____

Are you legally able to work in the United States? Yes No

Have you ever been known by any other name(s) that the County will require to verify any of the information application? _____

Best time to contact you is: _____ a.m./p.m.

Have you ever been employed with us before? Yes _____ No _____ Date _____

Do any of your friends or relatives work here? Yes _____ No _____

Are you currently employed? Yes _____ No _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

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

EMPLOYMENT DESIRED

Job Title: _____ Date you can start: _____

Wage Desired _____

Are you available for work: Full-Time _____ Part-Time _____ Shift Work _____ Seasonal _____

EDUCATION

Do you have a High School Diploma or GED? Yes No

Name of last school attended: _____ City: _____ State: _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): _____

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____/____/____ End Date ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____/____/____ End Date ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: ____/____/____ End Date ____/____/____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

Federal and state law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date