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 Securi	y Number:	***************************************	
Are you 18 years of age or older? YesNo	If Yes, Dat	es of		
Are you legally able to work in the United States?	YesNo	у –	to	
Have you ever been known by any other information application?	name(s) that the	County will	l require to verify an	y of the
Best time to contact you is:	a.m./p.m.			
Have you ever been employed with us before	ore? Yes	No	Date	
Have you ever been employed with us before Do any of your friends or relatives work he	ere? Yes	No		
Are you currently employed? Yes	No		***************************************	
Are you currently on "lay-off" status and su	ubject to recall? You	25	No	
Can you travel if a job requires it? Yes	No.		110	
		The state of the s		
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 GE	ED? YesNo			
Name of last school attended:	City	7:	State:	
Circle last year of school completed: 6 7	8 9 10 11 12	2 13 14 1	5 16 17 18	
Circle the highest degree earned: High Sch	ool Diploma GEI	O Certificate	AA BD MD PHI	Other
Area of Concentration and/or degree(s), cer	tificates, licenses, e	ndorsement	s:	
Other Training or skills (Factory or Office N	Machines Operated	Special Co.	urses Computer Skill	s etc)·
		- Special Co		<u> </u>

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EMPLOYMENT H Former Employment (List emp.			most recer	nt. Explain a	all gaps in time of en	nolovment.)			
• • • • •				_					
					,				
Address: Number	Street			City		State	Zip		
Start Date: /									
Detailed Job Duties:						when the state of			
Reason for Leaving:									
Company Name:	Job Title:								
Address:									
Address: Number Start Date: /	Street /	End Date	/	City /	Rate of Pay:_	State	Zip		
Detailed Job Duties:									
Reason for Leaving:									
Comment		· · · · · · · · · · · · · · · · · · ·		т_	l- T41				
Address:Number	Street			City		State	Zip		
Start Date:/	/	_End Date	/	/	Rate of Pay:_				
Detailed Job Duties:									
Reason for Leaving:						,			
May we contact your form				n? Yes_	No				
May we contact your prese Please provide any addition			<u>No</u> bilities or	interests 1	that makes you a	good candidat	e for this position:		
Federal and state law probstatus.	nibits discri	imination in hirin	g due to a	age, race, o	color, creed, sex, i	national origin	, religion, disability or veteran's		
I certify that answers given	ı herein are	true and complet	e.						
I authorize investigation of decision.	`all stateme	nts contained in t	his applic	cation for e	employment as m	aybe necessary	in arriving at an employment		
This application for employ considered for employment									
is of an "at will" nature, wl	hich means her underst	that the Employe ood that this "at v	e may res vill" emp	sign at any sloyment re	time and the emp lationship may n	oloyer may dis ot be changed	elationship with this organization charge Employee at any time with by any written document or by nization.		
In the event of employment discharge. I understand, al							nterview(s) may result in		
Signature of Applicant				Date					