

# 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.

<b>Personal Information</b>				
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:	
<b>Education/Training</b>				
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Diploma, Degree &amp; Major</u>	Graduated? Yes/No
High School				
College				
Other (Business, Vocational, Military)				

<b>Employment History (Please Start With the Most Recent Excluding Pan-Time Positions Held While Obtaining Higher Education—Use Additional Pages as Necessary)</b>			
Employer:			
<b>Address.</b>			
Street	City	State	Zip
Telephone:	Supervisor Name:		
Dates From:	To:	Final Rate of Pay	
Position Held:			
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
<b>Address.</b>			
Street	City	State	Zip
Telephone:	Supervisor Name:		
Dates From:	To:	Final Rate of Pay	
Position Held:			
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
<b>Address:</b>			
Street	City	State	Zip
Telephone:	Supervisor Name:		
Dates From:	Final Rate of Pay		



TODAY'S DATE:

Home  
Connection To You i.e. friend, co-worker

Other

Occupation:

Personal Reference

Name:

Last First Middle Address:

Street City State Zip Telephone.

Home  
Connection To You i.e. friend, co-worker):

Other

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. S 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](http://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:

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