



CANYON COUNTY HUMAN RESOURCES DEPARTMENT

Canyon County Courthouse • 1115 Albany Street • Caldwell, Idaho 83605

Canyon County is an Equal Employment Opportunity employer and its employment practices conform to the requirements outlined in Title I and II of the American with Disabilities Act. Canyon County adheres to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, disability or genetics. Canyon County assures you that your opportunity for employment with the County depends solely on your qualifications.

If you need an accommodation for any of the application or screening process, contact the Canyon County Human Resource Office at (208) 454-6610. Individuals with motion, vision, speech, or hearing disabilities may contact the Human Resources Department through the Qwest Customers with Disabilities at 1-800-223-3131.

Thank you for completing this application form and for your interest in Canyon County employment.

**THIS APPLICATION MUST BE RETURNED TO THE HUMAN
RESOURCE OFFICE BY RECRUITMENT CLOSING DATE.**

FOR HUMAN RESOURCE OFFICE USE ONLY

DATE

POSITION

NAME
(PROVIDE LAST NAME, FIRST NAME, AND MIDDLE INITIAL)

Personal Data

- Full-Time Temporary Intern/Volunteer
 Part-Time Seasonal

1. Position Title for which you are applying and type of work

(No Application will be considered unless the specific open position is indicated.)

2. Name

Last _____ First _____ Middle _____ Other Names Known By _____

3. Present mailing address

(Number street, RFD, or P.O. box)

City _____ County _____ State _____ Zip _____

4. Permanent address, other than above

5. Phone: Area code/number

Home _____ Work _____

6. Email address:

7. Emergency Contact

Name _____ Number _____

Education and Training

	Name of School	LOCATION (Complete Mailing Address)	CHECK LAST GRADE COMPLETED	H. S. Diploma or * GED Cert	Major or minor or field of study
Senior High school			10 11 12		
Technical, Vocational, Business, or Trade School			10 11 12		
College or university			1 2 3 4		
Graduate school			1 2 3 4		

*GED Certificate Date passed ___ / ___ / ___ State awarded _____

8. Special qualifications and skills

(licenses; skills with machines; publications; public speaking; speaking, reading, and/or writing proficiency in foreign languages; memberships in professional or scientific societies)

9. Clerical skills (if required for position desired)

Typing WPM _____ Shorthand WPM _____ Other _____

10. Computer skills (such as languages/operating systems)

11. Awards, honors, and fellowships received

Work History

In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held. Include military, part-time, summer, and volunteer work which might demonstrate relevant job skills. **Details on any period of unemployment must be included.** If more space is required, please attach additional sheets using the same format.

A. Current Employer
Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

May we contact your present employer regarding your record of employment? Yes _____ No _____

B. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

If this is also a present employer: May we contact them regarding your record of employment? Yes _____ No _____ N/A _____

C. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

If this is also a present employer: May we contact them regarding your record of employment? Yes _____ No _____ N/A _____

Work History – cont.

In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held. Include military, part-time, summer, and volunteer work which might demonstrate relevant job skills. **Details on any period of unemployment must be included.** If more space is required, please attach additional sheets using the same format.

D. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

E. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

F. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

Work History – cont.

In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held. Include military, part-time, summer, and volunteer work which might demonstrate relevant job skills. **Details on any period of unemployment must be included.** If more space is required, please attach additional sheets using the same format.

G. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

H. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

I. Name and business address of employer _____

Dates of employment _____ Salary: _____
From Mo/Yr To Mo/Yr

Title of position _____

Name and title of supervisor _____ Telephone number _____

Duties and responsibilities _____

Reason for leaving _____

Military Service

12. Have you ever served in the U. S. Armed Forces? Yes _____ No _____ If "yes," complete Veterans Application form and attach DD-214 and VA certification letter, if applicable.
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General Information: Answer items 13 through 19 by placing an "X" in the proper column.

13. Are you authorized to work in the United States? Yes _____ No _____
If yes, indicate how you are authorized:
____ U.S. Citizen ____ Permanent Resident ____ Other, please specify _____

If hired, you will be required to complete an I-9 Form within three (3) business days of the hire to establish both identity and employment eligibility. Contact the Human Resource Department to obtain a list of acceptable supportive documents.

14. Have you ever made an application for employment or been employed by Canyon County? Yes _____ No _____
If yes, indicate the dates of employment: Start _____ Termed _____

15. Are you able to work shifts which may include varying hours, nights, weekends, and holidays? Yes _____ No _____

16. Are you currently waiting for a response from an interview or other application with Canyon County? If so, list position titles in item 23. Yes _____ No _____

17. Are you related by blood or marriage to any person now employed by Canyon County? If "yes", give name and relationship in item 23. Yes _____ No _____

18. Have you been dismissed or forced to resign from any position? If yes, give complete details in item 23. Yes _____ No _____

19. Have you ever been convicted of any offense against the law since your 18th birthday? If your answer is "yes," list details under item 23. Note: A conviction does not automatically mean that you cannot be considered for employment; however, any misrepresentations, omissions, or falsifications will result in your application being rejected. Yes _____ No _____

20. License No./ State _____ / _____
Exp. Date _____
Yes _____ No _____
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21. List at least three former supervisors who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. Do not list personal references.

May we contact the following references at this time? Yes _____ No _____

- | | | |
|----|--|------------------------------|
| A. | Name _____ | Business or occupation _____ |
| | Present business or home address _____ | Daytime phone _____ |
| B. | Name _____ | Business or occupation _____ |
| | Present business or home address _____ | Daytime phone _____ |
| C. | Name _____ | Business or occupation _____ |
| | Present business or home address _____ | Daytime phone _____ |
| D. | Name _____ | Business or occupation _____ |
| | Present business or home address _____ | Daytime phone _____ |
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22. Where did you hear of this position
1. Newspaper / Which one _____ 2. Job Service _____
3. Canyon County Employee _____

23. Space for detailed answers. Indicate items to which answers apply. If additional space is required, attach additional sheet(s) using same format as below.

Item no. _____	_____
	Details

Item no. _____	_____
	Details

Item no. _____	_____
	Details

Item no. _____	_____
	Details

Item no. _____	_____
	Details

Item no. _____	_____
	Details

Declaration of applicant	I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentations, omissions, or falsifications, my application will be rejected, or if already employed, my employment will be terminated. I authorize Canyon County to verify information concerning my employment history and any other information given by me pertaining to this application. I understand that completion of this application or acceptance of an offer of employment does not create any contractual obligation between Canyon County and me.
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Print Name

Signature

Date

Thank you for making an application for employment with Canyon County. Canyon County is an Equal Opportunity employer. Employment decisions related to recruitment and selection are made without regard to race, color, religion, sex, national origin, age, disability or genetics.

IMPORTANT

The Internal Revenue Code requires an employer to include each employee's Social Security number when filing information returns, such as Form W-2. An employee who is ineligible for Social Security benefits, but who is required to give a Social Security number to employers, must get a Social Security number. The Social Security Office Administration cannot credit wages to a person's record unless the correct social security number and name are reported.

PENALTY FOR INCORRECT REPORTING

Internal Revenue Code, Section 6721, provides that an employer or employee may be charged a penalty for omitting a required Social Security number from an information return. The penalty charged for such an omission can be from \$50 up to \$250,000 (subject to certain exceptions that allow for the decrease or increase of the penalty).

A record of each employee's social security number, as shown on the person's social security card, must be maintained by Canyon County. **Employees must present their social security card on their first day of employment.** If you do not have a social security card, please contact a Social Security office and apply for a duplicate card prior to beginning employment with Canyon County.

When applying for a duplicate card with the Social Security Office you must present a drivers license or photo ID.

Social Security Offices - 1-800-772-1213

Canyon County
1118 S. Kimball
Caldwell

Ada County
1249 S. Vinnell Way - Suite 101
Boise

I have read this form and understand that if I am offered a position with Canyon County I must present a social security card on my first day of employment.

Signature

Date

CANYON COUNTY VETERANS PREFERENCE APPLICATION FORM

Idaho law provides that veteran preference points be added to the competitive examination ratings of the following job applicants (when the applicant is required to take a competitive examination under a merit system or civil service plan of selecting employees):

<i>Applicants</i>	<i>Preference Points</i>
War Veteran	5
Qualified Widow(er) of a War Veteran	5
Eligible Disabled Veteran	10
Qualified Widow(er) of an eligible disabled Veteran	10
Qualified Spouse of an Eligible Disabled Veteran	10

Who is eligible?

To be eligible for veterans' preference points, you must have been discharged under honorable conditions and:

- * Served on active duty in the armed forces at any time, have established the existence of a service-connected disability of 10% or more, or be a Purple Heart recipient; OR
- * Served on active duty at any time from December 7, 1941 to July 1 1955; OR
- * Served on active duty for 180 consecutive days; any part of which occurred after January 31, 1955, and before October 15, 1976; OR
- * Served on active duty at any time from August 2, 1990 to January 2, 1992; OR
- * Served on active duty for a period of 180 consecutive days, any part of which occurred during the period beginning September 11, 2001, and ending when prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; OR
- * Been awarded an Armed Forces Expeditionary Medal (AFEM), whether the campaign is listed here or not.* Some of the most common campaign medals are; Vietnam (Service Medal), El Salvador, Lebanon, Granada, Panama, Bosnia, Kosovo, Afghanistan, Southwest Asia (Persian Gulf), Somalia, Haiti, etc.

Additionally, if you are the spouse of a disabled veteran who is physically unable to qualify for any public employment because of a service-connected disability or if you are the widow(er) of a preference eligible veteran who remains unmarried, you are eligible to receive veterans' preference.

*For a complete list of wars, campaigns, and expeditions of the Armed Forces which qualify for veterans' preference, go to www.opm.gov/veterans/html/vgmedal2.asp.

Veteran's preference points shall only be added for the purpose of an initial appointment and not for the purpose of promotions. An initial appointment is defined as the first time a qualified person is hired by the County. A previous employee of the County is not entitled to the award of preference points upon a subsequent application for County employment. Preference points shall only be applied if a point system is being utilized by the County to rank candidates for the particular position being applied for.

Veterans Preference Request

Veteran Information
Name _____
Branch of Service: _____ Rank upon separation _____
Date entered military service: _____ Separation date: _____
Type of Discharge: _____
Disabled Veteran
Please state your percentage of disability: _____
Do you receive pension or compensation for non-service connected disabilities? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Qualifying Husband/Wife, Widow/Widower
Your Name: _____
Is the Veteran stated above: <input type="checkbox"/> Disabled <input type="checkbox"/> Deceased
If Veteran is deceased, have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No

Required Documents

1. Please attach a copy of the DD-214 (discharge papers) form of the War Veteran or Eligible Disabled Veteran indicated above.
2. Please attach a copy of a current VA certification letter for the Eligible Disabled Veteran indicated above.
3. If you are applying as the spouse of an Eligible Disabled Veteran, please submit a letter or other documentation from a physician indicating that your spouse is unable to perform the work in the position for which you are applying.

_____ Applicant's signature

_____ Date