



EMPLOYMENT APPLICATION
605 NORTH CAPITAL AVE
IDAHO FALLS, IDAHO 83402
TELEPHONE (208) 529-1340
FAX (208) 529-1319



Name (Last, First, Middle)		Date:	
Street Address:		Home Phone:	
City, State & Zip:		Other Phone:	
Position Applied for:		Posting Date:	
Date Available:		Wage Required:	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of this position?			
Have you previously worked for Bonneville County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates employed and positions held:			
List names and relationship of any relatives currently working for Bonneville County:			
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number		State:	
Have you ever had your driver's license suspended or revoked or been convicted of a crime, other than minor traffic violations, which has not been annulled, expunged or sealed by a court: <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, give dates and details:			
CLERICAL AND ADMINISTRATIVE APPLICANTS – COMPLETE THIS SECTION			
<input type="checkbox"/> Type: wpm <input type="checkbox"/> 10 Key Calculator <input type="checkbox"/> Shorthand or Speed Writing wpm			
<input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Power Point <input type="checkbox"/> Microsoft Outlook			
List other computer software you are experienced with:			
SKILLED LABOR AND MAINTENANCE APPLICANTS – COMPLETE THIS SECTION			
Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> NO If you answered yes, give the following information			
License Number:		Class:	
Endorsements:		State:	
List any shop or heavy equipment your are qualified to operate and any other licenses or certifications:			
U.S. MILITARY SERVICE – VETERAN'S PREFERENCE			
Preference will be given to qualified U.S. Military veterans and their spouses in accordance with Idaho Code.			
Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, attach a copy of your DD214.			
Have you previously requested a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

POST HIGH SCHOOL EDUCATION OR TRAINING

School	Dates Attended	GPA	Course of Study	Degree or Certificate
Name: Location:	From: To:			
Name: Location:	From: To:			
Other Education or Training:				
Languages spoken other than English:				

LIST EMPLOYMENT HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION

Check here if you would prefer that we not contact your present employer without a conditional offer of employment.

Employer's Name: Address: Telephone:	Supervisor Name: Title:
DATES EMPLOYED	Job Title and Responsibilities:
From:	
To:	
Reason for Leaving:	Ending Wage:
Employer's Name: Address: Telephone:	Supervisor Name: Title:
DATES EMPLOYED	Job Title and Responsibilities:
From:	
To:	
Reason for Leaving:	Ending Wage:
Employer's Name: Address: Telephone:	Supervisor Name: Title:
DATES EMPLOYED	Job Title and Responsibilities:
From:	
To:	
Reason for Leaving:	Ending Wage:
Employer's Name: Address: Telephone:	Supervisor Name: Title:
DATES EMPLOYED	Job Title and Responsibilities:
From:	
To:	
Reason for Leaving:	Ending Wage:

I, the undersigned, do hereby certify that the information provided herein is complete and correct to the best of my knowledge.

SIGNATURE:

DATE:

**BONNEVILLE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
PREFERENCE WILL BE GIVEN TO QUALIFIED VETERANS AND THEIR SPOUSES**

APPLICANT AFFIRMATIVE ACTION INFORMATION

In order to help Bonneville County monitor our employment practices to insure compliance with affirmative action and equal employment opportunity requirements we invite applicants to identify themselves as indicated below.

Completion of this form is strictly voluntary.

It is the policy of Bonneville County to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability or any other protected characteristic. The information provided will be maintained separate from your application and other employment records by the Personnel Office and will be used only for the purpose of monitoring our employment practices to insure compliance with affirmative action and equal employment opportunity requirements. This information will not be considered in any matter related to selection or employment.

Name:

Date:

Position applied for:

What is your race/ethnic origin: (Please √ one) **Gender?** (Please √ one)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Caucasian not Hispanic Origin (A) | <input type="checkbox"/> Male |
| <input type="checkbox"/> African-American not Hispanic Origin (B) | <input type="checkbox"/> Female |
| <input type="checkbox"/> Hispanic (C) | |
| <input type="checkbox"/> Asian or Pacific Islander (D) | |
| <input type="checkbox"/> American Indian or Alaskan Native (E) | |

Veteran Status?

- Veteran – Vietnam Era (A)
- Special Disabled (D)
- Korean War (K)
- Gulf War (G)