

# Valley 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. Use blank paper if you do not have enough room on this application. This application is to fill the current open position only.

<b>Personal Information:</b>				
Name:				
Address:		Last	First	Middle
Telephone:	Street (    )	City (    )	State (    )	Zip
		Home	Cell	Message
Email Address:				
<b>Position Applying For:</b>				
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"/>				
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Diploma, Degree &amp; Major</u>	<u>Graduated?</u>
High School				
College				
Other (Business, Vocational, Military)				

**Employment History** (Please start with the most recent) Additional work experience can be provided on separate pages.

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Next Employer:**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Next Employer:**

Employer:

Address:

Street

City

State

Zip

Telephone: ( )

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Technology Skills (List All Skills & Software Applications You Have Experience Using):**

Word Processing:  
Spreadsheet:  
Other Software:  
Database:  
Microsoft Office? Yes  No  PowerPoint? Yes  No   
Scanner? Yes  No  Copier? Yes  No

Digital Phone Systems? Yes  No

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

**Military**

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes  No  (If Yes, fill out Page 5 of Application & attach proper documentation)

Have you previously claimed such preference? Yes  No

**Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: (\_\_\_\_) (\_\_\_\_)  
Home Other  
Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: (\_\_\_\_) (\_\_\_\_)  
Home Other  
Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

**Personal Reference**

Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Street City State Zip  
Telephone: (\_\_\_\_) (\_\_\_\_)  
Home Other  
Connection To You (i.e. friend, co-worker): \_\_\_\_\_ Occupation: \_\_\_\_\_

Are you related by blood or marriage to any person now employed by Employer? Yes  No

If yes, give name and relationship to you:

## CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Valley County to verify their accuracy and to obtain reference information on my work performance. I hereby release Valley County from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Valley County. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Valley County may terminate my employment at any time with or without notice or cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Valley County**  
219 N. Main Street  
P.O. Box 1350  
Cascade, ID 83611  
Phone: 208-315-3377 or 208-382-7100  
Fax: 208-382-7107  
e-mail: [HR@co.valley.id.us](mailto:HR@co.valley.id.us)

Valley County does conduct background and drug screenings and an applicant must be able to pass both for any offer of employment to be valid.

IT IS THE POLICY of Valley 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, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

**VETERAN'S PREFERENCE**

If you are **NOT** claiming Veteran's Preference, please initial here \_\_\_\_\_

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.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 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 form 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: \_\_\_\_\_