

# 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:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone:	( )	( )	( )	
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
<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"/> State: _____	

<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:

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

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 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 Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

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

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: \_\_\_\_\_