

Bonner County Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé and cover letter 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.

Personal Information:				
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:		Where did you see the job advertised:		
Are you applying for:		What shifts will you work?		May We Contact Your Present Employer?
<input type="checkbox"/>	F/T <input type="checkbox"/>	P/T <input type="checkbox"/>	Temp/Seasonal <input type="checkbox"/>	<input type="checkbox"/>
	Days <input type="checkbox"/>	Nights <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Available Start Date:			Are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education and Licensing				
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.)				
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ Driver's License Number: _____				
Do you have a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what endorsements? _____				
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Diploma, Degree & Major</u>	Graduated?
High School				
College				
Other (Business, Vocational, Military)				

Have you ever been charged with a crime regardless of the outcome or regardless of the disposition (other than a minor traffic infraction)? Yes No

If yes, please provide details including the date of the charge, the crime that you were originally charged with, the ultimate disposition of the charge, the sentence received and the court handling the case.

Are you related by blood or marriage to any person now employed by Bonner 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 Bonner 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 Bonner 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 the disabled persons.

IT IS THE POLICY of Bonner County that all offers of employment are contingent upon applicant successfully taking and passing a drug/alcohol screening.

PLEASE SUBMIT YOUR APPLICATION MATERIALS TO:

Bonner County Human Resource Department
1500 Hwy 2 Suite 337
Sandpoint, ID 83864
HR@bonnercountyid.gov

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Bonner County 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. § 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 Bonner County.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Bonner County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Bonner 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.

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 Bonner 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

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____