

# EMPLOYMENT APPLICATION



CANYON HIGHWAY DISTRICT No. 4  
 15435 Highway 44  
 Caldwell, Idaho 83607-7731

1. \_\_\_\_\_  
 JOB TITLE

PRINT OR TYPEWRITE. USE VERY DARK INK. THIS APPLICATION IS A PART OF THE EXAMINING PROCESS. If you need additional space, attach a separate sheet. We strongly suggest you keep a copy of your completed application.

2. Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. Are you a veteran? Yes  No

4. Have you been convicted of a felony within the last 7 years? Yes  No

If "Yes," please give a short explanation outlining the circumstances of your conviction in the space below. (Please indicate date, nature and place of offense, and disposition.) Convictions are evaluated for each position and are not necessarily disqualifying.

\_\_\_\_\_

5. Please indicate (x) which of the following types of work you are willing to accept:

- Permanent full-time (with full benefits)
- Permanent part-time (less than 20 hours per week with limited benefits)
- Temporary full-time (work for a limited time - no benefits)
- Temporary part-time (less than 40 hours per week for a limited time - no benefits)
- Casual (Less than 20 hours per week for special projects - no benefits)

6. Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? If yes, explain here: \_\_\_\_\_

ON REVERSE SIDE

7. Name: \_\_\_\_\_

Last Name Here

\_\_\_\_\_

First Name Here

MI

8. Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work and educational record?  
 Yes  No  If yes, explain here: \_\_\_\_\_

9. Address: \_\_\_\_\_

Number Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

10. Home Phone: \_\_\_\_\_

Area Code

Business Phone: \_\_\_\_\_

Area Code

Message Phone: \_\_\_\_\_

Area Code

11. How did you learn of this position? Be specific: relative, friend, name of newspaper, radio station, etc. \_\_\_\_\_

12. Social Security Number: \*\* \_\_\_\_\_

\*\*Voluntary, this is used to provide a unique identification number for processing of applications.

13. EDUCATION: Describe your education or training related to the position for which you are applying, including colleges, business, technical, trade, correspondence, and military service schools, and in-service.

Circle Highest Year Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes  No  If "No", received GED? Yes  No

High School attended (include location): \_\_\_\_\_ Location of GED \_\_\_\_\_

SCHOOL NAME AND LOCATION	DATES OF ATTENDANCE				HOURS COMPLETED		COURSE TITLES OR MAJOR FIELD	DEGREE OR CERTIFICATE RECEIVED
	FROM MO	TO YR	MO	YR	SEM.	QTR.		

Use this space for additional remarks, special skills, etc., and for other courses or training certificates specifically required on the examination announcement, and for explanation of other items.

14. EXPERIENCE: List only those jobs that relate to the position you are applying for. See the job announcement for required qualifications. Include all military, non-paid or volunteer work related to the position. Begin with your most recent experience. List all jobs separately. Use additional sheets if necessary. This application must be completed for employment consideration RESUMES WILL NOT BE ACCEPTED IN PLACE OF JOB EXPERIENCE INFORMATION. May we contact your present employer? Yes  No

MONTH/YEAR	Title:	No. People Supervised:	Hours/Week:	Employer: (Name and Address)
From: _____	Duties:			Name
To: _____				Street
				City/State
Total Yrs: _____				Phone
Mos: _____			LAST SALARY (Monthly) \$	Reason for Leaving
MONTH/YEAR	Title:	No. People Supervised:	Hours/Week:	Employer: (Name and Address)
From: _____	Duties:			Name
To: _____				Street
				City/State
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To: _____				Street
				City/State
Total Yrs: _____				Phone
Mos: _____			LAST SALARY (Monthly) \$	Reason for Leaving

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

THIS APPLICATION MUST BE RETURNED TO THE PERSONNEL COORDINATOR BY RECRUITMENT CLOSING DATE.

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of facts herein may cause forfeiture of employment. I authorize the employing agency to make any necessary and appropriate investigations to verify the information contained herein.

DATE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_