

# EMPLOYMENT APPLICATION



Canyon Highway District No. 4  
15435 Highway 44  
Caldwell, ID 83607

Job Title \_\_\_\_\_

PRINT OR TYPE. 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.

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

CDL Classification(s) \_\_\_\_\_

Are you a veteran? Yes  No

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.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate 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)

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

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name M.I.

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: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_

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

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

How did you learn of this position? (Be specific: Relative, friend, name of newspaper, radio)

\_\_\_\_\_

Social Security Number\*\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

## CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

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

**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 a GED? Yes  No

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

School Name and Location	Dates of Attendance From - To				Hours Completed		Course Titles or Major Fields	Degree or Certificate Received
	Month	Year	Month	Year	Semester	Quarter		

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.

**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 more recent experience. List all jobs separately. Use additional sheet if necessary. This application must be completed for employment consideration. Résumés WILL NOT be accepted in place of job experience information.

May we contact your present employer? Yes  No

Month/Year From: _____  To: _____  Total Years: _____ Months: _____	Title: _____	Number People Supervised: _____	Hours/Week: _____	Employer: (Name and Address)
	Duties: _____			Name
				Street
	Reason for Leaving: _____			City/State
				Phone
		Last Salary (Monthly) \$ _____		
Month/Year From: _____  To: _____  Total Years: _____ Months: _____	Title: _____	Number People Supervised: _____	Hours/Week: _____	Employer: (Name and Address)
	Duties: _____			Name
				Street
	Reason for Leaving: _____			City/State
				Phone
		Last Salary (Monthly) \$ _____		
Month/Year From: _____  To: _____  Total Years: _____ Months: _____	Title: _____	Number People Supervised: _____	Hours/Week: _____	Employer: (Name and Address)
	Duties: _____			Name
				Street
	Reason for Leaving: _____			City/State
				Phone
		Last Salary (Monthly) \$ _____		