EMPLOYMENT APPLICATION

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. You can email a completed copy of this application to info@hwydistrict4.org.

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
				City/State
	Reason for Leaving:			Phone
	Last Salary (Monthly) $			

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

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