

BONNER COUNTY APPLICATION FOR EMPLOYMENT

Application for Position of _____ Date _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Business Phone: _____

Social Security No. _____

U.S. Citizen: Yes ___ No ___ Alien Registration No. _____

Military Status: Have you ever served in the United States Armed Forces? Y ___ N ___

Dates of Service if Yes: _____ Type of Discharge: _____

Education: _____
(School) (City, State)

Graduated: Yes ___ No ___ GED _____

College: _____
(Name) (City, State) (Dates Attended)

Post-Graduate Education: _____
(Name) (City, State) (Dates Attended)

Degree Received: _____ or Semester Hours _____ Major/Minor _____

Trade, Business or Correspondence School & Course Study _____

(City, State) (Dates Attended) (Certificate/Degree)

Special Qualifications, Skills or Occupational Licenses: _____

Type: Yes ___ No ___ WPM _____ Shorthand/Speed Write? Yes ___ No ___

Word Processing: Yes ___ No ___

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any employment position? Yes__ No__
 Please state circumstances: _____

Do you have a current valid driver's license? Yes__ No__ State ____ # _____

Type of license: Standard _____ Commercial ____ Endorsements _____

Have you ever been convicted or plead guilty or no contest to any felony criminal charge, or to any misdemeanor charge? Yes__ No__ If yes, please state date and circumstances:

LIST THREE (3) REFERENCES: (Do not include relatives or former employers).

Name Address Business Phone Yrs. Known

Former Employers (List Last 5 Employers, starting with most recent)

Dates	Employer's Name, Address, Phone #, and Immediate Supervisor	Salary	Title	Reason Left
From: To Present:				
From To				
From				

To				
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From				
To				
From				
To				

READ CAREFULLY

I certify that the information provided in this application is true and accurate to the best of my knowledge and belief. I agree that later discovery by the County that false information that has been knowingly provided herein shall be grounds for immediate dismissal. I UNDERSTAND THAT BONNER COUNTY WILL MAKE A THOROUGH INVESTIGATION OF THE INFORMATION REPORTED ON THIS APPLICATION AND HEREBY AUTHORIZE THEM TO DO SO. I further authorize my **former employers and references** listed herein to respond to inquiries from Bonner County about my capabilities and personal qualities and do fully release them from any information given the County in good faith.

I have read, understand and agree to the above.

Date: _____ Signature _____

I understand that although the County may make every effort to accommodate individual preferences, business needs may require overtime work, shift and schedule changes and other similar requirements. I understand and accept these as conditions of my continuing employment.

I understand that if I am employed, such employment is for no definite period of time and that Bonner County can change wages, benefits, and conditions of employment at any time.

Date: _____ Signature: _____

NOTICE

POLICY OF NON-DISCRIMINATION ON THE BASIS OF DISABILITY

Bonner County does not discriminate on the basis of disability in the admission or access to, or treatment of employment in its programs or activities. Donna Wells, Risk Manager/ Personnel Director, 123 S. First, Sandpoint, ID 83864, phone number 208-265-1456, has been designated to coordinate compliance with the non-discrimination requirements contained in Department of Justice regulations implementing Title II of the Americans with Disabilities Act (ADA), including Section 35.107. Information concerning the provisions of the American with Disabilities Act, and the rights provided thereunder, are available from the ADA coordinator.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Bonner County does not discriminate on the basis of color, race, national origin, sex, religion, age or disability in employment or the provision of services.

Affidavit

STATE OF IDAHO)
) SS
COUNTY OF BONNER)

The undersigned, being sworn, on oath deposes and says I have applied for a position at the Bonner County Sheriff’s Office facility and all my responses to the questions contained in my application for employment are true and complete to the best of my knowledge. I have not withheld any information that would be significant in evaluating my fitness for the job.

I understand that any statements or omission of any material fact which would in any way affect my eligibility for employment will subject me to immediate disqualification from further processing of my application or, if selected to any position with the Bonner County Sheriff’s Office, to immediate dismissal by the hiring authority. I expressly authorize the hiring authority to conduct a criminal history records check, including, but not limited to criminal arrest and /or conviction information. To facilitate the processing of the records check I declare my date of birth and social security number as follows:

Date of Birth Printed Name

Social Security Number Signature

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public
Residing at

My commission expires