

APPLICATION FOR EMPLOYMENT



FREMONT COUNTY

151 West 1st North
St. Anthony, ID 83445
FAX: 208-624-4940
www.co.fremont.id.us

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____		Date of Application: _____	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name _____		First Name _____	
		Middle Name _____	
Address _____			
Number _____	Street _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____		Social Security Number _____	

Best time to contact you at home is: _____ : _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes No

Have you ever filed an application with us before? _____ Yes No

If Yes, give date: _____

Have you ever been employed with us before? _____ Yes No

If Yes, give date: _____

Do any of your friends, relatives, other than spouse, work here? _____ Yes No

Are you currently employed? _____ Yes No

May we contact your present employer? _____ Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes No
(Proof of citizenship or immigration status will be required upon employment)

Date available for work: ____/____/____

What is your desired salary range? \$ _____

Please indicate shift:	1	2	3
Please indicate:	Morning	Afternoon	Evening

Are you available to work: Full Time
 Part-Time
 Temporary

(Please indicate dates available) _____/_____/_____

Are you currently on "lay-off" status and subject to recall? _____ Yes No

Can you travel if a job requires it? _____ Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
			<u>From</u>	<u>To</u>	
	<u>Address</u>				
	<u>Telephone Number(s)</u>		<u>Hourly Rate/Salary</u>		
	<u>Job Title</u>	<u>Supervisor</u>	<u>Starting</u>	<u>Final</u>	
	<u>Reason for Leaving</u>				
2	<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
			<u>From</u>	<u>To</u>	
	<u>Address</u>				
	<u>Telephone Number(s)</u>		<u>Hourly Rate/Salary</u>		
	<u>Job Title</u>	<u>Supervisor</u>	<u>Starting</u>	<u>Final</u>	
	<u>Reason for Leaving</u>				
3	<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
			<u>From</u>	<u>To</u>	
	<u>Address</u>				
	<u>Telephone Number(s)</u>		<u>Hourly Rate/Salary</u>		
	<u>Job Title</u>	<u>Supervisor</u>	<u>Starting</u>	<u>Final</u>	
	<u>Reason for Leaving</u>				
4	<u>Employer</u>		<u>Dates Employed</u>		<u>Work Performed</u>
			<u>From</u>	<u>To</u>	
	<u>Address</u>				
	<u>Telephone Number(s)</u>		<u>Hourly Rate/Salary</u>		
	<u>Job Title</u>	<u>Supervisor</u>	<u>Starting</u>	<u>Final</u>	
	<u>Reason for Leaving</u>				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

References

1		()
	(Name)	(Phone #)
	(Address)	
2		()
	(Name)	(Phone #)
	(Address)	
3		()
	(Name)	(Phone #)
	(Address)	



APPLICANT’S DISCLOSURE & CONSENT RELEASE OF INFORMATION

Applicant Information *Ahead of the Kurve* **Account Number: 101-103109**

Applicant Name: (First Middle Last)	Current Address: (Street Address)
Other Names Used: (Like Maiden)	City: State: Zip:
*Gender: (Circle one) MALE FEMALE	Former Address: (1)
*Social Security No.:	City: State: Zip:
Driver’s License No.: State:	Former Address: (2)
*Date Of Birth: Place Of Birth: (City, State, Country)	City: State: Zip:

***This information will be used for purposes of background screening only and will not be used in making any employment decisions.*

NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Fremont County may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Idaho or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Ahead Of The Kurve, 102 South 17th Street Suite 100, Boise, ID 83702, 208-331-5057 and its or and agents. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date _____/_____/_____

Print Name: _____

Package Option Kurve US

Search includes:

- NSSS (National Social Security Search)
- County / Statewide Criminal History Search
- (1) current county of residence or statewide search where recommended/available
- Multi-State Criminal History Search
- Multi-State Sex Offender Search
- Patriot Act
- OFAC Watch List Scan

NSSS (NATIONAL SOCIAL SECURITY SEARCH)	Per SSN	<input type="checkbox"/>
CRIMINAL HISTORY – COUNTY/STATEWIDE	Per jurisdiction/per name	<input type="checkbox"/>
CRIMINAL HISTORY – FEDERAL	Per jurisdiction/per name	<input type="checkbox"/>
MULTI-STATE CRIMINAL SEARCH	Per name	<input type="checkbox"/>
MULTI-STATE SEXUAL OFFENDER SEARCH	Per name	<input type="checkbox"/>
EMPLOYMENT VERIFICATION – BASIC	Per employer	<input type="checkbox"/>
EMPLOYMENT VERIFICATION – EXPANDED	Per employer	<input type="checkbox"/>
EDUCATION VERIFICATION	Per institution	<input type="checkbox"/>
PROFESSIONAL LICENSE VERIFICATION	Per license	<input type="checkbox"/>
DRIVING HISTORY (MVR)	Per state	<input type="checkbox"/>
DRIVING HISTORY (CDLIS)	Each	<input type="checkbox"/>
CIVIL COURT SEARCH	Per jurisdiction/per name	<input type="checkbox"/>
WORKER’S COMPENSATION HISTORY	Per state	<input type="checkbox"/>

NOTE: All prices exclude surcharges and other fees levied by federal, state, county, other governmental agencies, educational institutions, employer and educational verification lines and licensing agencies out of pocket charges, fees and expenses, including but not limited to registry fees, school transcripts, court fees, state fees and 900# fees incurred. Such charges, fees and expenses will be passed through to User for payment in addition to the listed price.

All prices are based on domestic usage. International pricing is available upon request and is subject to adjustments based on the common laws of the country of request. A \$25.00 surcharge will be added to all international verifications.

Package pricing is available and will be invoiced as such only when the services requested are identical to the services provided in the package. Upon submittal of requested services, any deviation from the package will revert to the a la carte pricing as listed above.

Authorized Signature - Employer

Printed Name

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. **You are entitled to a free file disclosure if:**
 - A person has taken adverse action against you because of information in your credit report
 - You are the victim of identity theft and place a fraud alert in your file
 - Your file contains inaccurate information as a result of fraud
 - You are on public assistance
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months, upon request, from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration A775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20250 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, DC 20250 202-720-7051

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Fremont County is of an "at will" nature, which means that the Employee may resign at any time and that Fremont County may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Arrange Interview: Yes No

Remarks: _____

Interviewer

Date

Employed: Yes No

Date of employment: ____/____/____

Job Title: _____

Hourly Rate/Salary: \$ _____

Department: _____

By: _____

Name and Title

Date

NAME:

POSITION:

DATE:

Workforce Identification Card

Subject: Affirmative Action

In compliance with federal regulations, Fremont County is required to gather and maintain statistics for use in completing its annual Equal Employment Opportunity report. To ensure that our statistics are accurate, we would like each employee to complete the attached card, sign or initial it with the date, and return it as soon as possible. The information may be faxed to 208-624-7335. If you choose not to complete the card, you may leave it blank, but please sign the card and return it.

The information volunteered by you will not be placed in your personnel file and shall be kept confidential, except that; 1) Supervisors and Managers may be informed regarding restrictions on the work or duties of individuals with handicaps; and 2) government officials investigating compliance shall be informed.

If you have questions, please call 208-624-7332.

Employee Name: _____

Affirmative Action Identification

1. Sex

- Male
- Female

2. Ethnic Background

- Caucasian
- Asian or Pacific Islander
- African American
- Hispanic
- American Indian or Alaskan Native

3. Veteran Status

- Not a Veteran
- Veteran of the Vietnam-Era
- Special disabled Veteran
- Other Veteran
- Active Military Duty (i.e., Reserves, etc.)

4. Disability Status

- Not Disabled
- Person of Disability, if yes, please describe condition _____

Signature _____

Date _____