

# FREMONT COUNTY

## Application for Employment

An Equal Opportunity Employer



To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
	Street	City	State	Zip
Telephone:				
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Are you applying for:	What shifts will you work?	May We Contact Present Employer?		
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>&amp; Major</u>	<u>Graduated?</u>
High School					
College					
Other (Business, Vocational, Military)					

**Employment History** (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):

Employer:

Address:

Street

City

State

Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Next Employer:**

Employer:

Address:

Street

City

State

Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Next Employer:**

Employer:

Address:

Street

City

State

Zip

Telephone:

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

**Technology Skills (List All Skills & Software Applications You Have Experience Using):**

Word Processing:

Spreadsheet:

Other Software:

Database:

Microsoft Office? Yes  No  PowerPoint? Yes  No  Outlook? Yes  No

Scanner? Yes  No  Copier? Yes  No

Digital Phone Systems? Yes  No

Explain Internet Skills, Including Email Usage:

Professional Licenses or Certificates Held:

**Military**

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor?

Yes  No  (If Yes, fill out Page 5 of Application & attach proper documentation)

Have you previously claimed such preference?

Yes  No

**Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)**

Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Telephone:

\_\_\_\_\_ Home

\_\_\_\_\_ Other

Connection To You (i.e. friend, co-worker):

Occupation:

**Personal Reference**

Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Telephone:

\_\_\_\_\_ Home

\_\_\_\_\_ Other

Connection To You (i.e. friend, co-worker):

Occupation:

**Personal Reference**

Name:

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Telephone:

\_\_\_\_\_ Home

\_\_\_\_\_ Other

Connection To You (i.e. friend, co-worker):

Occupation:

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes  No

If yes, when & where: \_\_\_\_\_ Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you related by blood or marriage to any person now employed by Fremont County? Yes  No

If yes, give name and relationship to you: \_\_\_\_\_

### **CERTIFICATION**

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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Fremont County or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

IT IS THE POLICY of FREMONT COUNTY to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

### VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here \_\_\_\_\_ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Fremont County will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

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(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

#### Part 1. Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

#### Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Fremont County.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes  No

Best time to contact you at home: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, an applicant for employment with Fremont County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Fremont County, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the Fremont County. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

DATED: \_\_\_\_\_

Printed Name, including all names I have previously used or been known by:

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

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

## 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](http://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](http://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](http://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](http://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](http://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



**DISCLAIMER AND RELEASE AGREEMENT**

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal.** I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information. I also authorize civil and or a credit report to be obtained.

**PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -**

FIRST NAME: \_\_\_\_\_ FULL MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 ALIAS / MARRIED LAST NAMES: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the COUNTY, and dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS:  YES  NO PLEASE EXPLAIN:

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out here and print clearly. It is important you understand this section completely.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_