

# BINGHAM COUNTY EMPLOYMENT APPLICATION

501 NORTH MAPLE STREET #202, BLACKFOOT, IDAHO 83221

Please complete application in full. Do NOT write 'see resume'.

An incomplete application may be considered disqualifying.

Bingham County is an Equal Opportunity Employer. Equal access to programs, services, and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Name:	Social Security #:		
Address:	City	State	Zip
Telephone #:	Message/Cell #:		
Email Address:	Date of Application:		
Position(s) applied for:			
Referral Source (Please name the source):			

If necessary, best time to call you at home is:

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May we contact you at work? Yes No  
If yes, what is the best time and number to call?

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Have you submitted an application here before?  
Yes No  
If yes, please give the date(s) and position(s) applied for:

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Have you ever been employed here before?  
Yes No  
If yes, please give dates:

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Are you legally eligible for employment in this country? Yes No  
Date available to begin work:

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Type of employment desired:

Full-time Part-time

Seasonal Temporary

Will you relocate if the job requires it?  
Yes No

Will you travel if the job requires it?  
Yes No

Will you work overtime if required?  
Yes No  
If no, please explain:

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Americans with Disabilities Act:

Are you able to do the essential functions of the job for which you are applying (with or without reasonable accommodation)?  Yes  No  
This question is not asking you to disclose any disability you may have; please do not provide such information at this point of the hiring process. These issues may be discussed at a later stage to the extent allowed by law.

Do you have a valid driver's license?  Yes  No  
Issuing State, license number, type (CDL, etc.):

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Have you ever been bonded?  Yes  No

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Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No (If yes, please provide dates and details) Answering "yes" to this question is not automatically disqualifying. Factors such as the date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

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Do you have any family members working for the County?  Yes  No  
If yes, please provide names and your relationship to them.

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**Do NOT write 'see resume'**

**Employment History:** Starting with your current or most recent employer, provide the following information, going back at least 10 years use additional pages or copy this page if more space is needed.

Current/Last Employer:		Phone:	Dates Employed:	
			From: Month/Year ____/____ TO: Month/Year ____/____	
Street Address, City, State, Zip		Starting Compensation		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ Per
Starting Job Title/Final Job Title				
Immediate Supervisor/Title		May we contact for reference? Y or N		Final Compensation
				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
				\$ _____ Per
Why did you leave employment?		Summarize your job responsibilities and the work performed.		
Employer:		Phone:	Dates Employed:	
			From: Month/Year ____/____ TO: Month/Year ____/____	
Street Address, City, State, Zip		Starting Compensation		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ Per
Starting Job Title/Final Job Title				
Immediate Supervisor/Title		Final Compensation		
				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
				\$ _____ Per
Why did you leave employment?		Summarize your job responsibilities and the work performed.		
Employer:		Phone:	Dates Employed:	
			From: Month/Year ____/____ TO: Month/Year ____/____	
Street Address, City, State, Zip		Starting Compensation		
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ Per
Starting Job Title/Final Job Title				
Immediate Supervisor/Title		Final Compensation		
				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
				\$ _____ Per
Why did you leave employment?		Summarize your job responsibilities and the work performed.		

**Explain any gaps in your employment, other than those due to personal illness, injury or disability.  
Do NOT write 'see resume'.**

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**Have you ever been fired or asked to resign from a job?**

Yes  No. If yes, please explain:

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**Qualifications and Related Skills:** Summarize any specific training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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**Computer Skills (Check appropriate boxes. Include software titles and years of experience)**

<input type="checkbox"/> Word Processing	_____	Years	_____
<input type="checkbox"/> Spreadsheet	_____	Years	_____
<input type="checkbox"/> Presentation Program	_____	Years	_____
<input type="checkbox"/> Email	_____	Years	_____
<input type="checkbox"/> Internet	_____	Years	_____
<input type="checkbox"/> Other	_____	Years	_____

**Educational Background:** Starting with your most recent school attended, please provide the following information.

School (include city and state)	Years Completed	Outcome	GPA/Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**Do NOT write 'see resume'.**

**References:** List the names and telephone numbers of three business/work references who are not related to you and are not your previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to you?	Telephone Number	Years known

**Related Information: To what job-related organizations (professional, trade, etc) do you belong?** Please exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, or any other similarly protected status.

Organization	Offices held

**List special accomplishments, publications, awards, etc.** (Please exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities or any other similarly protected status).

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In your current or a prior employment, have you ever written instructions or directions to be followed by employees or customers?  **Yes**  **No**

If yes, please explain:

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Is there any other job-related information you want us to know about you?

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**U.S. Military Service – Veteran’s Preference:**

Preference will be given to qualified U.S. Military veterans and their spouses in accordance with Idaho Code.

Do you wish to claim a veteran’s preference?  **Yes**  **No**

If you answered yes, attach a copy of your DD 214.

Have you previously requested a veteran’s preference?  **Yes**  **No**

**BINGHAM COUNTY DEPARTMENT OF HUMAN RESOURCES  
501 NORTH MAPLE #202, BLACKFOOT, IDAHO 83221  
CONSENT TO RELEASE PERSONAL RECORDS AND INFORMATION**

Last Name:	First Name:	Middle Name:	Date of Birth:
Place of Birth:	State:	Country:	Gender:
Other Names Used:			SSN:

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning me, by and to ANY authorized agent from any department in Bingham County whether the said records are public, private, or confidential in nature.

The intent of this consent is to give my authorization of full and complete disclosure of the records of educational institutions, previous and current employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances by me or against me, salary records, records of complaint, arrest, trial and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records.

The intent of this authorized consent is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Bingham County Department of Human Resources to consider in determining my suitability for employment by any department in Bingham County. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of the information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release consent authorization will be considered in determining my suitability for employment by the Bingham County Department of Human Resources, and I understand that all materials pertaining to this background investigation become the property of the Bingham County Department of Human Resources and will not be returned to me.

**I agree to indemnify and hold harmless the persons to whom this request is presented and his agents and employees, including Bingham County and its officers and employees, from and against all claims, damages, losses, expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me.**

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

**Please DO NOT sign this form until your signature can be witnessed by a Notary Public.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public in the State of Idaho, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public of Idaho \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_