



**LATAH COUNTY
APPLICATION FOR EMPLOYMENT**

P.O. Box 8068 ♦ Moscow, Idaho 83843-0568

DATE RECEIVED:

(PLEASE PRINT PLAINLY)

PERSONAL:

POSITION APPLIED FOR:

LAST NAME:	FIRST NAME:	MI:	DATE:
ADDRESS:			SOCIAL SECURITY #:
CITY:	STATE:	ZIP:	HOME PHONE # : WORK PHONE #:
Are you eligible for employment in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO (Verification will be required.)			DATE YOU CAN START:
Were you previously employed by Latah County? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?			** ARE YOU A VETERAN OF MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please list any other experiences, skills or qualifications which will be of special benefit on the job for which you are applying? Do not list any information that Federal and/or State law precludes obtaining in the pre-employment state.			

**** INFORMATION SOUGHT ONLY FOR COMPLIANCE WITH EQUAL OPPORTUNITY EMPLOYMENT REGULATIONS.**

PERSONAL REFERENCES: (Not former employers or relatives.)

NAME & OCCUPATION	ADDRESS	PHONE

EDUCATION:

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

PLEASE LIST PRESENT AND PAST EMPLOYMENT HISTORY, BEGINNING WITH THE MOST RECENT.

	NAME/ADDRESS/PHONE COMPANY/TYPE	FROM	TO	WAGE	REASON FOR LEAVING	SUPERVISOR
1						
		DUTIES:				
2						
		DUTIES:				
3						
		DUTIES:				
4						
		DUTIES:				
5						
		DUTIES:				
6						
		DUTIES:				

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature: _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). 1 2 3 4 5 6

PLEASE READ AND SIGN BELOW:

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate Latah County in any way if the County decides to employ me. I understand and agree that my employment will initially be on a probationary status and during the time I am on probation my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Board of Commissioners has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Board of Commissioners.

Signature: _____