

				Address	
				Telephone	
Dates Employed		Rate of Pay		May We Contact This Employer?	
Supervisor's Name and Title					
From Mo.	Yr.	To Mo.	Yr	Starting	Ending
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				Phone:	
Reason for Leaving					
List the jobs you held, duties performed, skills used or learned, advancements or promotions					
3. Name of Previous Employer				Address	
				Telephone	
Dates Employed		Rate of Pay		May We Contact This Employer?	
Supervisor's Name and Title					
From Mo.	Yr.	To Mo.	Yr	Starting	Ending
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				Phone:	
Reason for Leaving					
List the jobs you held, duties performed, skills used or learned, advancements or promotions					
4. Name of Previous Employer				Address	
				Telephone	
Dates Employed		Rate of Pay		May We Contact This Employer?	
Supervisor's Name and Title					
From Mo.	Yr.	To Mo.	Yr	Starting	Ending
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				Phone:	
Reason for Leaving					
List the jobs you held, duties performed, skills used or learned, advancements or promotions					

5. Name of Previous Employer		Address	
		Telephone	
Dates Employed		Rate of Pay	
		May We Contact This Employer?	
From Mo.	Yr.	Starting	Ending
Mo.	To Yr		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Supervisor's Name and Title
			Phone:
Reason for Leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions			

EDUCATION		
EDUCATION (Circle last year completed)	SCHOOL NAME, TOWN, STATE	MAJOR SUBJECTS
Elementary 5 6 7 8	_____	_____
High School 1 2 3 4	_____	_____
College 1 2 3 4	_____	_____
Other (Business, Military Vocational)	_____	_____
<p>If you are an experienced operator of any equipment related to the job you are seeking, please list</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Additional References
(provide at least three)

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you seeking: Full-time___ Part-time___ Temporary or Summer___ employment?

Have you ever been convicted of a criminal offense? Yes___ No___ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain_____

Are you over 18 years of age? Yes___ No

Are you a citizen of the United States or do you have a valid work permit? Yes___ No
(Federal Law requires proof of identity and employment authorization for all new employees.)

Do you have a valid Commercial Driver's License? Yes___ No

License #:_____State Issued:

CERTIFICATION

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications.

I understand and agree that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

Signature

Date

I hereby acknowledge that should I receive a conditional offer of employment that I will have to undergo alcohol and drug testing as provided for in the Twin Falls Highway District Alcohol and Drug Testing Policy. I hereby voluntarily consent to provide samples of my urine, blood, breath, saliva and/or hair as requested for testing purposes. Further, I give my consent for the release of the test results to the appropriate members of the District. I understand and agree that my failure or refusal to give a sample and/or my failure or refusal to submit to drug and/or alcohol testing or a positive test result will preclude my employment with the Twin Falls Highway District

Signature

Date

For Office Use Only

Date	Disposition	Name

APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This is data for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date

Position(s) applied for:

Referral Source: Advertisement _____ Friend _____ Relative _____ Walk-In
Employment Agency _____ Other

Name _____ Phone (____) _____
Last First Middle

Address _____
Number Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants.
This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic
_____ American Indian/Alaskan Native _____ Asian

Check if any of the following are applicable:

_____ Vietnam Veteran _____ Disabled Veteran _____ Handicapped Individual