



# EMPLOYMENT APPLICATION

Employees of Kootenai County are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the County's elected officials. Each employee of Kootenai County is expected to conduct him/herself in a manner which reflects favorably upon the County and recognize that County employees are subject to additional public scrutiny in their public and personal lives.

**PLEASE PRINT IN INK OR TYPE**

<b>NAME</b> (As it appears on Social Security Card/ Work Permit Card)					
<b>ADDRESS</b> Mailing & Street Address		Last	First M.I.		
<b>CITY, STATE, ZIP</b>		Number	Street		
<b>HOME TELEPHONE</b>		City	MESSAGE CONTACT State Zip Code		
<b>DAYTIME TELEPHONE</b>		Name (Area) Number	<table border="1"> <tr> <td>ARE YOU AT LEAST 18 YEARS OLD?</td> <td>YES [ ] NO [ ]</td> </tr> </table>	ARE YOU AT LEAST 18 YEARS OLD?	YES [ ] NO [ ]
ARE YOU AT LEAST 18 YEARS OLD?	YES [ ] NO [ ]				
<b>EMAIL ADDRESS</b>		(Area)			
<b>OTHER NAMES YOU HAVE USED:</b>		<b>SALARY REQUIREMENTS:</b> \$			
<b>POSITION APPLIED FOR:</b>		<b>DATE AVAILABLE:</b>			
<b>HOW DID YOU LEARN ABOUT THIS POSITION:</b>		<input type="checkbox"/> KOOTENAI COUNTY WEBSITE <input type="checkbox"/> JOB SERVICE (IDAHO WORKS) <input type="checkbox"/> COUNTY POSTING <input type="checkbox"/> FRIEND <input type="checkbox"/> COEUR D'ALENE PRESS <input type="checkbox"/> SPOKESMAN REVIEW <input type="checkbox"/> AMERICA JOB BANK <b>ON-LINE JOB SITE:</b> _____ <b>ADVERTISEMENT:</b> _____ <b>OTHER</b> _____			
<b>HAVE YOU EVER BEEN EMPLOYED WITH KOOTENAI COUNTY?</b> [ ] NO [ ] YES, WHEN _____ DEPARTMENT: _____					
<b>DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY KOOTENAI COUNTY?</b> [ ] YES [ ] NO IF YES, WHAT DEPARTMENT _____					
<b>DO YOU HAVE ANY RELATIVES CURRENTLY ON THE BOARD OF COUNTY COMMISSIONERS?</b> [ ] YES [ ] NO IF YES, NAME OF COMMISSIONER AND RELATION: _____					
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.</b>		<b>IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A KOOTENAI COUNTY VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, give location, date, charge and disposition of case(s) on a separate page.		I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> NO <input type="checkbox"/> YES  STATE _____			
		<b>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES			

## U.S. MILITARY SERVICE

Kootenai County will grant a preference to employment of veterans of the United States Armed Services in accordance with provisions of Idaho Code 65-502. **(Please attach a copy of Form DD 214 if applicable)**

\_\_\_\_\_

Branch of Service

From: \_\_\_\_\_ To: \_\_\_\_\_

Dates Served

\_\_\_\_\_

Type of Discharge

## EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY/ JUNIOR COLLEGE				1 2			
BUSINESS OR TRADE SCHOOL				1 2			
COLLEGE OR UNIVERSITY				1 2 3 4			
GRADUATE SCHOOL							

## OFFICE SKILLS

TYPING	<b>WPM</b>	List other office skills (PC, Software, Etc.)
SHORTHAND/ SPEEDWRITING	<b>WPM</b>	

## LICENSES / CERTIFICATIONS / ORGANIZATIONS

<b>PROFESSIONAL LICENSES/CERTIFICATIONS*</b> (Job Related)	TYPE OF LICENSES / CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO./YR.
	1. _____				
	2. _____				
	3. _____				
<b>PROFESSIONAL, SCHOLASTIC &amp; OTHER ORGANIZATIONS*</b> (Job Related) <small>*You may omit those which indicate your race, religion, color, national origin, ancestry, sex, age or disability.</small>	NAME	DATE	NAME	DATE	
	1. _____		4. _____		
	2. _____		5. _____		
	3. _____		6. _____		

## JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	

## EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY IF APPLICABLE  
AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.  
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
PRESENT EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
START FINAL  
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FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
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BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

FROM (MO./YR.): \_\_\_\_\_ TO (MO./YR.): \_\_\_\_\_ TOTAL \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. YOUR POSITION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ YOUR SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
BASE SALARY: \_\_\_\_\_ / \_\_\_\_\_ [ ] MONTHLY [ ] WEEKLY [ ] HOURLY OTHER COMPENSATION / BONUSES \_\_\_\_\_  
START FINAL  
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)





## VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING

APPLICANT NAME: \_\_\_\_\_

Please Print

Kootenai County has a vital interest: in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of drugs, may pose serious safety and health risks, not only for the user but his/her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release Kootenai County and its directors, officers, agents, employees, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of the pre-employment drug screening and any decision concerning employment made by Kootenai County, in whole or in part, based upon the results of the pre-employment drug screen.

**ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH KOOTENAI COUNTY.** Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with Kootenai County at some future date when the applicant will agree to conform to our policies.

I understand that my offer of employment with Kootenai County is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated if I am put to work for Kootenai County, and results from the drug tests are positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. A clinical laboratory will conduct the drug test. I hereby authorize the results of this testing to be released to Kootenai County. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent form upon written request.

Signature of Applicant:

\_\_\_\_\_

Date: \_\_\_\_\_

(To be maintained on file with Employment Application)

(S/FORMS/Voluntary Consent to Pre Employ Drug Test)