BINGHAM COUNTY INTERNSHIP 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:			
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:	
May we contact you at work? □Yes □No If yes, what is the best time and number to call?	If an accommodation is needed to interview, please contact Human Resources: Tel. 208-782-3111
Have you submitted an application here before? □Yes □No If yes, please give the date(s) and position(s)	Do you have a valid driver's license? □ Yes □ No Issuing State, license number, type (CDL, etc.):
applied for:	Have you ever been bonded? □ Yes □ No
Have you ever been employed here before? □Yes □No If yes, please give dates:	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 doesn't constitute an automatic bar
Are you legally eligible for employment in this country? □Yes □No Date available to begin work:	of employment. Factors such as the date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
<u>Type of employment desired:</u> □Full-time □Part-time	
□Seasonal □Temporary	
Will you relocate if the job requires it? □Yes □No	Do you have any family members working for the County? □ Yes □ No If yes, please provide names and your relationship to them.
Will you travel if the job requires it? □Yes □No	
Will you work overtime if required? □Yes □No If no, please explain:	

<u>Do NOT write 'see resume'</u> <u>Employment History</u>: Starting with your current or most recent employer, provide the following information. Please use an additional piece of paper 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	
		□ Hourly □ Salary	\$ Per
Starting Job Title/Final Job Title			
Immediate Supervisor/Title	Managements		
	May we contact for reference? Y or N	Final Compensation	\$ Per
Why did you leave employment?		Summarize your job respons performed.	bilities and the work
Employor	Phone:	Datas Employed:	
Employer:	FIIONE.	Dates Employed:	
		From: Month/Year/	TO: Month/Year
Street Address, City, State, Zip		Starting Compensation	
		□ Hourly □ Salary	\$ Per
Starting Job Title/Final Job Title			
Immediate Supervisor/Title		Final Compensation	
		□ Hourly □ Salary	\$ Per
Why did you leave employment?		Summarize your job respons performed.	ibilities and the work
Employer:	Phone:	Dates Employed:	
		From: Month/Year/_	TO: Month/Year
Street Address, City, State, Zip		Starting Compensation	
		□ Hourly □ Salary	\$ Per
Starting Job Title/Final Job Title			
Immediate Supervisor/Title		Einal Companyation	
		Final Compensation	\$ Per
Why did you leave employment?		Summarize your job respons performed.	ibilities and the work

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

□ Yes □ No. If yes, please explain:

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

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

Word Processing	Years	
Spreadsheet	Years	
Presentation Program	Years	
Email	Years	
Internet	Years	
Other	Years	

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

School (include city and state)	Years	Outcome	GPA/Rank	Major/Minor
	Completed			
		□ Diploma □GED		
		Degree		
		Certification		
		Other		
		□ Diploma □GED		
		Degree		
		□ Certification		
		□ Other		
		□ Diploma □GED		
		Degree		
		Certification		
		□ Other		
		□ Diploma □GED		
		Degree		
		Certification		
		□ Other		
	1	1		

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.

Offices held

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

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:

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

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? \Box **Yes** \Box **No** If you answered yes, attach a copy of your DD 214.

Have you previously requested a veteran's preference? \square **Yes** \square **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:
Diago of Dirthy	Stata	Country	Conder
Place of Birth:	State:	County:	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	
	TO before me, a Notary Public in the State of day of
Notary Public of Idaho	
Residing at	
My Commission Expires	