



BLAINE COUNTY

Application for Employment

Instructions:

- **Follow all directions carefully; failure to comply with the instructions may be grounds for rejection of your application.**
- **To apply for employment you must submit the Application for Employment. Your application submission should also include a cover letter and resume.**
- **Complete all pages thoroughly, legibly and accurately.**
- **You may PRINT OR TYPE.**
- **Incomplete or illegible applications will not be processed.**
- **A driver's license and criminal history check will be conducted on applicants that are applying for Management or Telecommunication Operator positions.**
- **To applicants that are applying for Management positions, your application must be accompanied with a completed Personal Inquiry Waiver. NOTE: The waiver must be on its own page and notarized.**
- **Internal applicants do not need to complete the Personal Inquiry Waiver.**

COMPLETED APPLICATIONS SHOULD BE SENT TO:

Blaine County
Attention: Mandy Pomeroy
219 1st Avenue South, Ste. 104
Hailey, Idaho 83333
mpomeroy@co.blaine.id.us
Fax: (208) 788-5546

BLAINE COUNTY VISION

"Blaine County government improves quality of life by providing efficient and effective public services. As stewards of citizens' resources, we serve our diverse community with teamwork, integrity, and commitment to excellence."

BLAINE COUNTY SHARED VALUES

Teamwork

Integrity

Excellence



VOLUNTARY APPLICANT IDENTIFICATION

Affirmative Action Employer Requirement

NAME:	PHONE:
JOB NUMBER/POSITION APPLIED FOR:	

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans and persons with disabilities. Hiring is based on qualifications. Quotas or preference based on sex, race, or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential, and will be used in conformance with the law.

1. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
2. ETHNIC AND RACIAL BACKGROUND: A. Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" above, please check one of the following: B. Racial Background- Non Hispanic: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian, Asian American <input type="checkbox"/> Black, African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> 2 or more races, non-Hispanic

Please Sign: _____ Date: _____

DESCRIBE THE TYPES OF COMPUTER EQUIPMENT & SOFTWARE PROGRAMS YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE WITH EACH:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO DRIVERS LICENSE# _____

STATE ISSUED _____ EXPIRATION DATE _____ NAME USED _____

EDUCATIONAL HISTORY

List your educational history below. Use additional pages if necessary.

	NAME, ADDRESS, CITY AND STATE OF SCHOOLS ATTENDED	CIRCLE LAST GRADE ATTENDED	DATE	GRADUATED	DEGREE / MAJOR
HIGH SCHOOL		9 10 11 12	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.	
COLLEGE		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER		SPECIFY	FROM TO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any specialized training, apprenticeship, skills, extra-curricular activities, and additional schooling or educational awards you may have.

Summarize any other experience, volunteer work or any related general information you feel pertains to you as an applicant for this job. Include any licenses, or technical skills.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

EMPLOYMENT HISTORY

List your work history below going back at least ten (10) years, beginning with your present or most recent job. You must provide current contact information for all employers or supervisors.

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING

SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.
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EMPLOYMENT & PERSONAL HISTORY
If the answer to any of the questions below is YES,
Explain in detail on the COMMENT SECTION provided.

1. Have you ever served in the U.S. Military? If yes, list dates, branch of service, type of discharge and highest rank held.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has any supervisor ever reprimanded you for being late or absent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has any supervisor ever reprimanded you for misconduct or not doing your job properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been terminated during the probationary period from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been suspended, fired, or asked to resign from any employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever quit a job without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Would contacting your current employer during the background investigation present a problem for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you been convicted of a crime? If yes, explain full details on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you: Ever defaulted on any loan, debt or obligation in the past five years? Ever had your wages attached or garnished? Ever had any collection or repossession action taken against you? Ever filed a petition for bankruptcy? When? Ever had a check bounce or returned for insufficient funds? If yes to any, please explain circumstances on the Comment Page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you have any issues or problems losing your temper or with anger management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have any issues or problems with honesty, reliability, integrity or moral character?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you speak any foreign languages? If yes, explain the extent of your proficiency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you purposely omitted any information from your employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PERSONAL AND PROFESSIONAL REFERENCES

Provide full and correct mailing addresses and contact information for at least four (4) personal and professional references. List only persons we may contact. References will be contacted.

Please verify all addresses prior to submission of application.

Mr. ___ Ms. ___ Name _____	Years Known _____
Occupation _____	Place of Employment _____
Full Mailing Address _____	Relationship _____
City _____	State _____ Zip Code _____
Home Phone _____	
Email Address _____	

Mr. ___ Ms. ___ Name _____	Years Known _____
Occupation _____	Place of Employment _____
Full Mailing Address _____	Relationship _____
City _____	State _____ Zip Code _____
Home Phone _____	
Email Address _____	

Mr. ___ Ms. ___ Name _____	Years Known _____
Occupation _____	Place of Employment _____
Full Mailing Address _____	Relationship _____
City _____	State _____ Zip Code _____
Home Phone _____	
Email Address _____	

Mr. ___ Ms. ___ Name _____	Years Known _____
Occupation _____	Place of Employment _____
Full Mailing Address _____	Relationship _____
City _____	State _____ Zip Code _____
Home Phone _____	
Email Address _____	

COMMENT SECTION

Use this page to provide any additional information you may need in answering the questions listed in this application that require detailed answers. List the corresponding page number and question number next to each answer. Should you need additional space, please attach a white 8 ½ x 11 sheet of paper to this sheet and use the same format.

Page No.	Question No.	Additional Information

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also consent to a background investigation and reference check.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

**PERSONAL INQUIRY WAIVER
BLAINE COUNTY HUMAN RESOURCES OFFICE
AUTHORIZATION TO RELEASE INFORMATION**

NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED

To whom it may concern:

I respectfully request and authorize you to furnish the Blaine County Human Resources Office with any and all information that you may have concerning me, my employment and education records, my reputation, and my financial and credit status. Please include any and all medical, physical, and mental records, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the Blaine County Human Resources Office in determining my qualification and fitness for the position I am seeking with Blaine County.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature Required)

MILITARY RECORDS RELEASE:

I hereby authorize the release of my military service records (including medical, physical, and mental records and reports) to the Blaine County Human Resources Office.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature Required If Applies)

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20__

(Seal)

Notary Public for the State of _____
Resides in _____
Notary Expires _____
(NOTARIZATION REQUIRED)

A photocopy of this request shall be, for all intents and purposes, as valid as the original. The original is on file at the Blaine County Human Resources Office.