

Bonner County Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resume and cover letter may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the designated open position only.

Personal Information:			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip Code
Telephone ()	()	()	
Home	Cell	Message	
Email Address:			
Webpage Address(es):			
Position Applying For:			
Job Title:		Where did you see the position advertised?	
Are you applying for:	What shifts will you work?	May we contact your present employer?	
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available Start Date:			
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Federal Law requires proof identity and employment authorization for all new employees.)			
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State:			

Education/Training					
School	Name	Location	Dates Attended From/To	Diploma, Degree & Major	Graduated ?
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Start with the most recent – Use additional paper as necessary)				
Employer:				
Address:				
Street	City	State	Zip Code	
Telephone: ()	Supervisor's Name:			
Dates: From	To	Final rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer				
Employer:				
Address:				
Street	City	State	Zip Code	
Telephone: ()	Supervisor's Name:			
Dates: From	To	Final rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				
Next Employer				
Employer:				
Address:				
Street	City	State	Zip Code	
Telephone: ()	Supervisor's Name:			
Dates: From	To	Final rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Technology Skills			
Word Processing:			
Spreadsheet:			
Other Software:			
Database:			
Microsoft Office: Yes <input type="checkbox"/> No <input type="checkbox"/> PowerPoint: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Scanner: Yes <input type="checkbox"/> No <input type="checkbox"/> Copier: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Digital Phone Systems: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Explain Internet Skills, including email usage:			
Professional Licenses or Certificates Held:			
Military			
Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code §65-503 or its successor: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously claimed such preference? : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Personal Reference (please list the names of three (3) persons <u>not</u> related to you by blood or marriage)			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip Code
Telephone ()	()	()	
Home	Cell	Message	
Connection to you?(i.e. friend, co-worker)	Occupation:	Years Known:	
Personal Reference			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip Code
Telephone ()	()	()	
Home	Cell	Message	
Connection to you?(i.e. friend, co-worker)	Occupation:	Years Known:	
Personal Reference			
Name:			
Last	First	Middle	Other Names Used
Address:			
Street	City	State	Zip Code
Telephone ()	()	()	
Home	Cell	Message	
Connection to you?(i.e. friend, co-worker)	Occupation:	Years Known:	

Have you ever been charged with a crime (other than a minor traffic infraction)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when & where:		
Please Explain:		
Are you related by blood or marriage to any person now employed by Bonner County?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give name(s) and relationship(s) to you:		

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period, either Bonner County or I may terminate our relationship at any time, and this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of Bonner County to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bonafide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

IT IS THE POLICY of Bonner County that all offers of employment are contingent upon applicants successfully taking and passing a drug/alcohol screening.

**Please return this form to:
Bonner County Sheriff's Office
4001 N. Boyer Road
Sandpoint, ID 83864
(208) 263-8417**

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Bonner County will afford a preference to employment veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U. S. C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training

Part 1. Preference Eligible Veterans

- I have a service connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Bonner County

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Bonner County, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Bonner County, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions and all employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement .

I understand that any information obtained during any personal history backgrounds investigation which is developed directly or indirectly, in whole or in part, upon this authorization, will be considered in determining my suitability for employment by Bonner County. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Dated: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

EMPLOYMENT AFFIDAVIT

STATE OF IDAHO)
) SS
COUNTY OF BONNER)

The undersigned, being sworn, on oath deposes and says: I have applied for a position at the Bonner County Sheriff’s Office facility and all my responses to the questions contained in my application for employment are true and complete to the best of my knowledge. I have not withheld any information that would be significant in evaluating my fitness for the job.

I understand that any statement or omission of any material fact which would in any way affect my eligibility for employment will subject me to immediate disqualification from further processing of my application or, if selected to any position with the Bonner County Sheriff’s Office, to immediate dismissal by the hiring authority. I expressly authorize the hiring authority to conduct a criminal history records check, including, but not limited to, criminal arrest and/or conviction information. To facilitate the processing of the records check, I declare my date of birth and social security numbers as follows:

Date of Birth	Printed Name
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Social Security Number	Signature
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Subscribed and sworn to before this _____ day of _____
20 _____

Notary Public
Residing at

My commission expires: