



3775 N. Adams Street
 Garden City, Idaho 83714
 Telephone: 208-387-6100
 Fax: 208-387-6117

EMPLOYMENT APPLICATION

Position Applied For: _____

APPLICANTS: Please read carefully.

The Ada County Highway District is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire and promote qualified and qualifiable persons without regard to race, sex, religion, national origin, age, or disability. If you need any reasonable accommodations in the application or interviewing process, please notify the ADA Coordinator.

Give special attention to experience relative to the job for which you are applying. Be specific and thorough. Include all relevant temporary, part-time or volunteer work. Add additional pages as necessary to fully describe your qualifications for the position for which you are applying.

Name:			Phone: ()	
			Cell Phone: ()	
Last,	First	Middle Initial.		
Present Address:				
Street		City	State	Zip
Message Contact Name and Phone Number:				
Email Address: _____				
1. Are you willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Term				
2. Acceptable Salary/Wage:				
3. When can you report for work:				
4. Name of relatives employed by ACHD and relationship: _____				
<small>(ACHD policy prohibits hiring relatives of current employees under certain circumstances.)</small>				
5. Have you previously been employed by ACHD? <input type="checkbox"/> No <input type="checkbox"/> Yes-- If yes, when:				
6. As required under the Immigration Reform and Control Act, any person wishing to work for ACHD, regardless of the nature of the job or the number of hours or months employed, will be required to show proof of his/her identity and U.S. citizenship or legal authority to work in the U.S. prior to beginning employment.				
Do you legally have the right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

Do you have a high school diploma or equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Circle the highest grade completed: 8 9 10 11 12				
SCHOOLS ATTENDED <u>BEYOND</u> HIGH SCHOOL	LOCATION (CITY, STATE)	COURSE OR MAJOR	GRADUATE? (YES - NO)	TYPE OF DEGREE OR CERTIFICATION IF GRADUATE
Other training you received (for example, special courses, work training programs, armed forces training, etc):				

EMPLOYMENT HISTORY

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your present or last employment. If you have a long history of employment, be sure to list those jobs, which best relate to the position for which you are applying. Employment verification may be made regarding all of your past experience. Please specify if you do not want your present employer contacted.					
Present or Last Employer - Name/Address & Phone:		Supervisor - Name & Title		Your Title:	
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:					
DUTIES (BE SPECIFIC):					

Former Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REASON FOR LEAVING:

DUTIES (BE SPECIFIC):

Former Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REASON FOR LEAVING:

DUTIES (BE SPECIFIC):

Former Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REASON FOR LEAVING:

DUTIES (BE SPECIFIC):

SKILLS/LICENSES

Please list current professional registrations, certifications, and licenses. Indicate the issuing state or agency and, if appropriate, the license number, the date issued and the expiration date.

Please list any other information you think would be useful in evaluating your qualifications for the position sought (i.e., publications, patents, professional affiliations, scholastic honors, or experience not indicated elsewhere on the application).

Indicate office skills you have and office equipment and machines you can operate:

<input type="checkbox"/> Computer <input type="checkbox"/> Ten-key <input type="checkbox"/> Switchboard/Answering Front Desk Phones	<p><u>Please check the computer programs you can operate:</u></p> <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Publisher <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Access <input type="checkbox"/> Internet <input type="checkbox"/> OnPoint List other software: _____	<input type="checkbox"/> Other Equipment - describe:
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Special qualifications, skills, machines & equipment you can operate:

Driver's License Information:

Date of Issue _____ Valid: Yes No State: _____
 Class "A" CDL: Yes No If yes, any Endorsements? _____

MILITARY SERVICE

Have you served in the U.S. Armed Forces? No Yes—if Yes, please complete this section.
 (For employment preference for war veterans, see Idaho Code, Title 65, Chapter 5).

If yes, branch: _____ Served from: _____ to: _____	Rank upon discharge: _____ Type of discharge: _____
Are you the spouse or widow(er) of a disabled or deceased veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes--If yes, complete the following:	
Veteran's full name:	Veteran's Social Security Number:
Veteran's branch:	Type and date of discharge:
Have you remarried since being widowed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a resident of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT REFERENCES

(Include at least three (3) people who are qualified to evaluate your capabilities. Please do not include relatives, spouse, or a significant other.)

Name	Address or email address	Occupation	Phone	Years Known

SPECIAL MATTERS

Can you perform the essential functions of the job that you are applying for with or without reasonable accommodations?

Yes No

If you need a reasonable accommodation to participate in the application process or interviewing session, please describe:

Have you been convicted of a crime that has not been annulled, expunged or sealed by a court? Convictions will not necessarily disqualify an applicant from employment.

No

Yes--- If yes, please describe in full:

Location: _____ Date of offense: _____

SIGNATURE OF APPLICANT

By my signature below, I certify that all answers and statements on this application are true and complete. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with Ada County Highway District terminated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Ada County Highway District to continue to employ me in the future.

I authorize Ada County Highway District, by my signature below, to conduct or have conducted a background investigation, reference checks, educational verifications, and, if applicable, a motor vehicle records check. I understand Ada County Highway District must provide, at my request, the name of the informational source so I may obtain from the source, the nature and substance of the information supplied to ACHD.

Signature: _____ Date: _____

**ADA COUNTY HIGHWAY DISTRICT
Drug and/or Alcohol Testing Consent Form
(Prospective Employees)**

Effective April 1, 1992

As a part of my application for employment with Ada County Highway District, I consent to take a drug and/or alcohol test as part of the District's DRUG/ALCOHOL FREE WORK PLACE POLICY.

I understand that if I test positive for the presence of illegal drugs or alcohol, I will not be offered employment with the District, nor be considered for employment for a minimum of one year after the date of the positive test.

I understand that the collection, testing and reporting of my specimen will be done in accordance with standard chain of custody procedures. If I am taking any prescription medication, I will be afforded an opportunity to reveal that information at the time of collection.

I consent to the release of my test results received from the testing laboratory by the District's servicing agency to the Manager of Administrative Services for the District and understand that those results will be held in confidence by the District.

I have read and understand the terms of Ada County Highway District's DRUG/ALCOHOL FREE WORK PLACE consent form.

Applicant's Name (PRINT)

Applicant's Home Phone Number

Applicant's Signature

Date

(This page will be kept separate from application)

In order to assure equal employment opportunity, there is a need to monitor our recruitment and selection practices. We would appreciate your assistance by voluntarily completing this detachment. This information is kept separate from the application and used for statistical data only. It will **NOT** be made available to anyone involved in the selection process.

Date:

Position applied for:

Name:

Age:

Sex: Female Male

Disabled: Yes No

Race: African-American Hispanic Asian American/Pacific Islander American Indian/Alaskan Native Caucasian

How were you informed of this opening? Walk-In Newspaper Magazine Ad College Placement Office

Private Placement Service Department of Labor Job Interest Card ACHD Employee Other _____

Are you a Veteran? Yes No If yes, which war or conflict? _____