

Employment Application

Employer Name:

Job Number:

Position:

Date:

PERSONAL INFORMATION

| | |
|----------------------------|------------------|
| Name (Last, First, Middle) | Telephone Number |
| Address | Message Number |
| City/State/Zip | E-mail Address |

| | | |
|---|---|--|
| Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp | What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights | May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT HISTORY - Begin With Most Recent Employment

| | | | |
|---------------------|----|-------------------|------------------|
| Dates From | To | Company Name | City, State |
| Titles and Duties – | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From | To | Company Name | City, State |
| Titles and Duties – | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From | To | Company Name | City, State |
| Titles and Duties – | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |
| Dates From | To | Company Name | City, State |
| Titles and Duties – | | | |
| Reason for Leaving: | | Supervisor's Name | Telephone Number |

MILITARY - Branch of Service:

Describe any military training received relevant to the position for which you are applying:

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes No

| School | Name & Location | Diploma/Degree | Subject Of Specialization |
|--------------------------------|-----------------|----------------|---------------------------|
| College/University | | | |
| Specialized Courses & Training | | | |

CLERICAL SKILLS - To Be Completed for Clerical Positions

| | | | |
|---------------------------------|--|--|--|
| Typing, WPM | | Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No | Legal Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shorthand, WPM | | | |
| List Specific Computer Skills – | | | |

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

| | | | |
|--|-----------------|-------------------------------------|-----------------|
| Idaho Registration No. | Expiration Date | Certificate No. | Expiration Date |
| If not licensed in Idaho, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If licensed in another state, list: | |

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

| |
|--|
| |
|--|

REFERENCES - Give the Names of Three Persons Not Related to You

| Name | Address | Telephone | Occupation |
|------|---------|-----------|------------|
| | | | |
| | | | |
| | | | |

The information on this application is true and accurate to the best of my knowledge.

Signature _____ Date _____

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