## **Employment Application Directions**

This form can be filled in with the computer keyboard. To highlight the fields that can be filled in, click on the Highlight fields box Highlight fields just above the form on the right side.

If you need larger text, click the down arrow ▼ next to the Zoom box 100% and choose a larger size.

To type in text fields like "Position Title":



- Click on the hand tool.
- Click on the box you would like to type in.
- Type your information.
- Press the Tab key to move to the next field.
- Press the Shift+Tab keys to move to the previous field.
- The "Work History Address" boxes have two lines. Press the Enter key to go to the second line.
- This form is 2 pages. It will automatically go to the next page after entering data in the second "Type of degree or diploma" field and pressing the tab key.
- You can navigate between the pages by clicking the left arrow ◆ or right arrow ▶
   next to the pages ◆ 2 of 3 at the bottom center of the window.

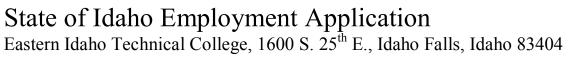
To mark checkboxes like Yes or NoYes D NoD, either click on the box or press the space bar for the one you want to be checked. On the Yes/No checkboxes, the computer will allow you to select only one of them. Other categories like "How did you find out about this position?" and "Job Type/Shift" will allow you to check multiple boxes.

When you are finished filling out the form:

- Use File, Save As if you would like to save a copy to your computer or portable device.
- Use File, Print. You must print one copy to submit but may also print copies to keep.
- You may want to only print pages 2 and 3 so these directions do not print.



To begin filling out the form, click the right arrow ▶ next to the pages 1 of 3 at the bottom center of the window to go to page 2.





| Position Title (Job for which you are applying)                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|---------------------------|------------|-------------------|--|--|--|--|--|--|
|                                                                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Name and Address                                                                                                                  |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Name (First, MI, Last)                                                                                                            |           | Social Security Number                      |                           |            |                   |  |  |  |  |  |  |
| Mailing Address                                                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
| City, State, and Zip Code                                                                                                         |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Home Phone                                                                                                                        | Message I | Message Phone                               |                           |            |                   |  |  |  |  |  |  |
| E-mail Address                                                                                                                    |           | May we use e-mail to contact you? Yes □ No□ |                           |            |                   |  |  |  |  |  |  |
|                                                                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Additional Information                                                                                                            |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Are you a current, classified, State of Idaho employee? Yes □ No□                                                                 |           |                                             |                           |            |                   |  |  |  |  |  |  |
| I certify that I am in compliance with the provisions of the Selective Service Act (Draft Registration). ** Yes □ No□             |           |                                             |                           |            |                   |  |  |  |  |  |  |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ** |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Yes □ No□                                                                                                                         |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? **              |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Yes □ No□ If Yes, please explain:                                                                                                 |           |                                             |                           |            |                   |  |  |  |  |  |  |
| ** These questions must be answered in order to be co                                                                             | nsidered  | for employr                                 | ment with th              | he State o | of Idaho          |  |  |  |  |  |  |
|                                                                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Education (Schools attended after High School or special training received)                                                       |           |                                             |                           |            |                   |  |  |  |  |  |  |
| School (Schools attended after 1)                                                                                                 | From      | oor or spec                                 | To                        | g receive  | Did you graduate? |  |  |  |  |  |  |
|                                                                                                                                   |           |                                             |                           |            |                   |  |  |  |  |  |  |
| Location                                                                                                                          |           |                                             | Type of d                 | egree or d | diploma           |  |  |  |  |  |  |
| School                                                                                                                            | From      |                                             | То                        |            | Did you graduate? |  |  |  |  |  |  |
| Location                                                                                                                          |           |                                             | Type of degree or diploma |            |                   |  |  |  |  |  |  |

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                             | Socia               | Social Security Number |                |       |                               |                               |                 |        |      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|---------------------|------------------------|----------------|-------|-------------------------------|-------------------------------|-----------------|--------|------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Work History                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | From                        |                     | То                     | То             |       | Hrs/Week                      | Employer                      |                 |        |      |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Phone                       |                     | Superv                 | isor           |       |                               | May we contact this employer? |                 |        |      |  |
| Reason for leaving? Yes □ No□                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                      | From         |                             |                     | To Hrs                 |                |       | Hrs/Week                      | Employer                      |                 |        |      |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                        | dress Phone  |                             | Supervisor          |                        |                |       | May we contact this employer? |                               |                 | yer?   |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               | Yes □ No□                     |                 |        |      |  |
| Reason for leaving?                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | From                        |                     | То                     |                |       | Hrs/Week                      | Employer                      |                 |        |      |  |
| Address Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                             | Supervisor          |                        |                |       | May we contact this employer? |                               |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       | Yes □ No□                     |                               |                 |        |      |  |
| Reason for leaving?                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| How did you find out about this position?                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| A State Employee [                                                                                                                                                                                                                                                                                                                                                                                                                                             | Career Fair  | Career Fair                 |                     |                        | ☐ Idaho Works  |       |                               |                               | ☐ Job Service ☐ |        |      |  |
| Monster.com                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Newspaper Ad | □ Other Internet            |                     | Source D Prof.         |                | Prof. | Organization                  | website                       | □ Radio/TV Ad □ |        | 'd □ |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Recruiter    | □ University/College □ None |                     |                        | e of the above |       |                               |                               |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Job Type/Shift                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Full Time                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part Time    |                             | Permane             | ent                    |                |       | Temporary                     |                               | 6 N             | /lonth |      |  |
| 9 Month                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Seasonal     |                             | □ Limited Service □ |                        |                | Shift |                               | Night                         |                 |        |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                             |                     |                        |                |       | Date                          |                               |                 |        |      |  |
| I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that my application and the information therein is subject to an appropriate background investigation, and furthermore, I understand that should an investigation disclose untruthful or misleading information, my application may be rejected, my name removed from consideration, or my employment with the State terminated. |              |                             |                     |                        |                |       |                               |                               |                 |        |      |  |