



Jefferson County Probation

Address: 210 Courthouse Way, Suite 190, Rigby, ID 83442

PH# 208-745-8244 ~ FX# 208-745-8293

“Promoting Safety and Empowering Positive Change”

EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Full Legal Name: (First, M, Last)			Social Security No.	
Are you over the age of 21? (Y/N)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone No:		
Current Address:				
Email Address:				
Social Security Number:				
DL State & Number:				
Can you demonstrate a legal right to work in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Job Type				
I am seeking a	<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Full or Part-time	
Position Applying for:				

A.K.A's

List all other names you have used including circumstances and time periods you used them. (i.e. maiden name, former name, alias, or nickname.)

Name	Circumstances	From: (MO/YR)	To: (MO/YR)

List all prior residences where you have lived during the past (5) five years.

Address	City	State/Zip	From: (MO/YR)	To: (MO/YR)

EMPLOYMENT HISTORY

List your present or most recent job first.

Business Name	Title/Position	Supervisor Name	May we contact this employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for Leaving:

Business Name	Title/Position	Supervisor Name	May we contact this employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for Leaving:

Business Name	Title/Position	Supervisor Name	May we contact this employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Reason for Leaving:

Business Name	Title/Position	Supervisor Name	May we contact this employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Reason for Leaving:			
Business Name	Title/Position	Supervisor Name	May we contact this employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
Reason for Leaving:			

EDUCATION/TRAINING			
<u>School Name</u>	<u>Address/Phone</u>	<u>Dates</u>	<u>Course of Study/Major</u>
<u>High School or GED:</u>			
<u>College/University:</u>			
<u>College/University:</u>			

Special Skills, Abilities or Training:

Briefly list any training or skills that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

Foreign Languages:	
Typing Speed WPM:	
Rate your Computer & technical device skillset: 1= Unskilled & 10 = Expert Level:	
Other skills:	

Employment History Questionnaire

1. Have you had any employer complaints made against you by any member of the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you had an employment claim or lawsuit filed against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had any disciplinary action taken by an employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	

Legal History Questionnaire:

4. Have you ever been convicted of a misdemeanor crime? (Do not include traffic infractions)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever had a driver's license suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been placed on probation or parole by a court of law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever been convicted of a Felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever had a financial judgment against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever filed bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain:	

VETERAN'S PREFERENCE

Check here if you are **NOT** claiming Veteran's Preference, and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of 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.

Preference Eligible Veterans:

- 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.
- 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>Branch of Service</i>	<i>Date Entered/Discharged</i>	<i>Discharge Type</i>

Personal References

Please list three (3) persons **not** related to you by blood or marriage

Name	Address	Phone Number	Years Known

Professional References

List three (3) professional references who have known you well for at least five (5) years **not** related to you

Name	Address	Phone Number	Years Known

SIGNATURE & CERTIFICATION OF ACCURACY

I hereby certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Applicant Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: We consider applicants for all positions without regard to race, creed, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

E-mail your completed application resume to: tadkins@co.jefferson.id.us