POSITION APPLIED FOR:

DATE:



PERSONAL:

(Please print clearly)

## LATAH COUNTY APPLICATION FOR EMPLOYMENT

P.O. Box 8068 ♦ Moscow, ID 83843-0568 Latah County is an EOE and ADA employer

Latah County is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status. Interviews are given on a competitive basis, using job-related factors. Not everyone who applies for a vacant position will be interviewed.

ADDRESS:		*		SOCIA	L SECURITY NO.:	
		5 11	551			
CITY:	STATE:	2	ZIP:	HOME	PHONE #:	
				WORK	PHONE #:	
Are you eligible (Verification wi	e for employment in the U.S.A.?	□ YES	□ NO ·	DATE	YOU CAN START:	
	ously employed by Latah County?	□ YES	□NO	** ARE	YOU A VETERAN OF M	ILITARY SERVICE?
If yes, when?	ously employed by Buttan country.	2.720		** AŘI	☐ YES ☐ NO  ** ARE YOU SEEKING A VETERAN'S PREFERENCE' ☐ YES ☐ NO	
	been arrested for, charged with, or copie question, please describe when,				□ NO sheets if necessary.)	
Please list any of information that	other experiences, skills or qualificat t Federal and/or State law precludes	tions which you believe will from employment considera	be of special beneation.	efit on the job for w	hich you are applyin	g? Do not list any
PERSON	AL REFERENCES: (Not form					DIJONE
NA	ME AND OCCUPATION		ADDRESS			PHONE
	t					
EDUCAT	ion:				*	
SCHOOL +	NAME & ADDRESS		COURSE OF	LAST YEAR	DID YOU	DIPLOMA OR
	OF SCHOOL		STUDY	COMPLETED	GRADUATE?	DEGREE
HIGH			_		□ YES	
SCHOOL			-		□ NO	
			-		□ YES	
COLLEGE	-		_		□ NO	
OTHER					□ YES	
(SPECIFY)	121			=	□NO	
OTHER (SPECIFY)			-		□ YES	

## PLEASE LIST PRESENT AND PAST EMPLOYMENT HISTORY, BEGINNING WITH THE MOST RECENT:

+	NAME/ADDRESS/PHONE COMPANY/TYPE	FROM	то	WAGE	REASON FOR LEAVING	SUPERVISOR
		DUTIES:	2		ti ti	
		DUTIES:				
		DUTIES:	đ	9 .94	12	
	-4	DUTIES:				
	5	DUTIES:				

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to Latah County, will result in immediate termination of my employment.

I authorize any of the persons or organizations named in this application to give Latah County complete information and records regarding my employment, education, character and qualifications. I release Latah County and all previous employers and supervisors from liability for any damages that may result from furnishing information to Latah County.

I understand that, if an offer of employment is made and accepted, I will be required to provide proof of my identity and my legal right to work in the United States prior to beginning actual work for the county.

(Additional pages regarding position-speciand are incorporated herein.)	ic qualifications or background checks may be attached		
Applicant's Signature	 Date		