

Position Applying for:

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

	A.K.	A's			
List all other names you have used	including circumstar	nces and time per	iods you used them	1.	
(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 No		
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 No		
Salary \$	Phone Number:	Date Began MO/YR	Date Ended MO/YR		
worked at this company: Reason for Leaving:					
Business Name	Title/Position	Supervisor Name	May we contact this employer?		
			Yes No No		
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	Supervis	or Name	May we contact this employer?
				Yes No
Salary \$	Phone Number:	Date Beg	gan MO/YR	Date Ended MO/YR
List the jobs you held, duties p worked at this company:	erformed, skills used or learned	, advancer	nents or prom	notions while you
Reason for Leaving:				
Business Name	Title/Position	Supervis	or Name	May we contact this employer?
				Yes No No
Salary \$	Phone Number:	Date Beg	gan 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				
School Name	Address/Phone		<u>Dates</u>	Course of Study/Major
High School or GED.				

College/University:

College/University:

Special Skills, Abilities or Training:				
	Is that would be of assistance in the job you are applying for.		ave any	
copies of certif	ficates 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:				
other skins.				
	impleyment History Overtianneire			
	Employment History Questionnaire			
	er complaints made against you by any member of the	Yes	No	
public?				
	nent claim or lawsuit filed against you?	Yes	No 🗌	
3. Have you had any discipli	nary action taken by an employer?	Yes	No 🗌	
If yes, please explain:				
Legal History Questionnaire:				
	cted of a misdemeanor crime? (Do not include traffic infractions)	Yes	No 🔙	
5. Have you ever had a drive	r's license suspended or revoked?	Yes	No 🔙	
6. Have you ever been placed	d on probation or parole by a court of law?	Yes	No 🗌	
7. Have you ever been convicted of a Felony?			No 🗌	
8. Have you ever had a financial judgment against you?				
8. Have you ever had a linan	cial judgment against you?	Yes	No	
9. Have you ever filed bankr		Yes Yes	No No	
9. Have you ever filed bankr				
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	VETERAN'S PREFERENCE		
Check here if you are NOT cla	iming Veteran's Preference, and proc	eed to the next section	
qualifications and experience between can	oyer will afford a preference to employment didates for an available position, a veteran winformation below and attach a copy of your	ho qualifies will be preferre	ed. If claiming
eighty (180) days and was honorab I have a service-connected disal I am the spouse of an eligible di	,	nnected disability.	ne-hundred
Branch of Service	Date Entered/Discharged	Discharge Type	
		•	
Please list t	Personal References hree (3) persons not related to you by blo	ood or marriage	
Name	Address	Phone Number	Years Known
	,		
	Professional References		
List three (3) professional refer	ences who have known you well for at least	ast five (5) years not rela	ated to vou
Name	Address	Phone Number	Years Known
I hereby certify that all answ best of my knowledge. I undo	RE & CERTIFICATION OF A ers and statements on this application erstand that, should this application comay be rejected or my employment wi	n are true and complete contain any false or mis	sleading
Applicant Signature		Date	
WE ARE AN EQUAL OPPORTUNITY EN	MPLOYER: We consider applicants for all positions with	nout regard to race, creed, color,	religion,

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

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.