



5629 E Seltice Way
Post Falls ID 83854
208-765-3717
208-765-0493 Fax
www.postfallshd.com

EMPLOYMENT APPLICATION

Position Applied For: _____

APPLICANTS: Please read carefully.

The Post Falls Highway District is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire and promote qualified and qualifiable persons without regard to race, sex, religion, national origin, age, or disability. If you need any reasonable accommodations in the application or interviewing process, please notify the District Clerk.

Add additional pages as necessary to fully describe your qualifications for the position for which you are applying. Requirements for this job include a Class 'A' CDL and a clean pre-employment drug and alcohol test.

PLEASE PRINT CLEARLY

Name:			Phone: ()		
			Cell Phone: ()		
Last,	First	Middle Initial.			
Present Address:					
Street		City	State	Zip	
Message Contact Name and Phone Number:					
Email Address: _____					
1. This is a full time position and may require over-time for Board meetings or other events. Is this schedule agreeable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure					
2. Have you previously been employed by PFHD? <input type="checkbox"/> No <input type="checkbox"/> Yes-- If yes, when:					
3. Available start date:					
4. Name of relatives employed by PFHD and relationship:					
5. As required under the Immigration Reform and Control Act, any person wishing to work for PFHD, regardless of the nature of the job or the number of hours or months employed, will be required to show proof of his/her identity and U.S. citizenship or legal authority to work in the U.S. prior to beginning employment.					
Do you legally have the right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

SCHOOLS ATTENDED <u>BEYOND</u> HIGH SCHOOL	LOCATION (CITY, STATE)	COURSE OR MAJOR	GRADUATE? (YES - NO)	TYPE OF DEGREE OR CERTIFICATION IF GRADUATE
Other training you received (for example, special courses, work training programs, armed forces training, etc):				

EMPLOYMENT HISTORY

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your present or last employment. If you have a long history of employment, be sure to list those jobs, which best relate to the position for which you are applying. Employment verification may be made regarding all of your past experience. Please specify if you do not want your present employer contacted.

Present or Last Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:					
DUTIES (BE SPECIFIC):					

Present or Last Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:					
DUTIES (BE SPECIFIC):					

Present or Last Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:					
DUTIES (BE SPECIFIC):					

Present or Last Employer - Name/Address & Phone:			Supervisor - Name & Title		Your Title:
Starting Date:	Ending Date:	Starting Salary:	Ending Salary:	Hours	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING:					
DUTIES (BE SPECIFIC):					

SKILLS/LICENSES

Please list any other information you think would be useful in evaluating your qualifications for the position sought (i.e., publications, patents, professional affiliations, scholastic honors, or experience not indicated elsewhere on the application).

List skills in this area and machines and equipment you can operate:

Driver's License Information:

Date of Issue _____ Valid: Yes No State: _____
 Class "A" CDL: Yes No Endorsements _____
 Clean driving record: Yes No Violations: _____

MILITARY SERVICE

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code §65-503 or its successor? Yes No **(If YES, fill out Page 7 of Application & attach proper documentation.)**

Have you previously claimed such preference? Yes No

EMPLOYMENT REFERENCES

(Include at least three (3) people who are qualified to evaluate your capabilities. Please do not include relatives, spouse, or a significant other.)

Name	Address or email address	Occupation	Phone	Years Known

SPECIAL MATTERS

Can you perform the essential functions of the job that you are applying for with or without reasonable accommodations?

Yes No

If you need a reasonable accommodation to participate in the application process or interviewing session, please describe:

Have you been convicted of a crime that has not been annulled, expunged or sealed by a court? Convictions will not necessarily disqualify an applicant from employment.

No

Yes--- If yes, please describe in full:

_____ Location: _____ Date of offense: _____

SIGNATURE OF APPLICANT

By my signature below, I certify that all answers and statements on this application are true and complete. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with Post Falls Highway District terminated.

I authorize Post Falls Highway District, by my signature below, to conduct or have conducted a background investigation, reference checks, educational verifications, and, if applicable, a motor vehicle records check. I understand Post Falls Highway District must provide, at my request, the name of the informational source so I may obtain from the source, the nature and substance of the information supplied to PFHD.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Highway District to continue to employ me in the future.

Signature: _____

Date: _____

POST FALLS HIGHWAY DISTRICT
Drug and/or Alcohol Testing Consent Form
(Prospective Employees)

Effective April 1, 1992

As a part of my application for employment with Post Falls Highway District, I consent to take a drug and/or alcohol test as part of the District's DRUG/ALCOHOL FREE WORK PLACE POLICY.

I understand that if I test positive for the presence of illegal drugs or alcohol, I will not be offered employment with the District, nor be considered for employment for a minimum of one year after the date of the positive test.

I understand that the collection, testing and reporting of my specimen will be done in accordance with standard chain of custody procedures. If I am taking any prescription medication, I will be afforded an opportunity to reveal that information at the time of collection.

I consent to the release of my test results received from the testing laboratory by the District's servicing agency to the Manager of Administrative Services for the District and understand that those results will be held in confidence by the District.

I have read and understand the terms of Post Falls Highway District's DRUG/ALCOHOL FREE WORK PLACE consent form.

Applicant's Name (PRINT)

Applicant's Home Phone Number

Applicant's Signature

Date

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to application.

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.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- 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 do not meet any of the selections above, but 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.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

(This page will be kept separate from application)

In order to assure equal employment opportunity, there is a need to monitor our recruitment and selection practices. We would appreciate your assistance by voluntarily completing this detachment. This information is kept separate from the application and used for statistical data only. It will **NOT** be made available to anyone involved in the selection process.

Date:		Position applied for:	
Name:	Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian			
How were you informed of this opening? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> Department of Labor <input type="checkbox"/> PFHD Employee <input type="checkbox"/> Other _____			
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which war or conflict? _____			