



3775 Adams Street  
Garden City, Idaho 83714  
Telephone: 208-387-6100  
Fax: 208-387-6117  
www.achdidaho.org

## EMPLOYMENT APPLICATION

Position Applied For: \_\_\_\_\_

### APPLICANTS: Please read carefully.

The Ada County Highway District is an Equal Opportunity Employer. It is our policy to recruit, hire and promote qualified persons without regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, gender identity, marital status, disability or military status, except that as a public employer, ACHD provides a preference to certain qualified veterans and their spouses pursuant to Idaho Code Title 65, Chapter 5.

Give special attention to experience relative to the job for which you are applying. Be specific and thorough. Include all relevant temporary, part-time or volunteer work. Add additional pages as necessary to fully describe your qualifications for the position for which you are applying.

<b>Name:</b>	<b>Phone:</b> (    )			
	<b>Cell Phone:</b> (    )			
First	Middle Initial	Last		
<b>Present Address:</b>				
Street	City	State	Zip	
<b>Email Address:</b>				
<b>Best Method to Contact You:</b>				

1. Willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Term
2. Desired Salary/Wage: _____
3. Availability Date: _____
4. Name of relatives employed by ACHD and relationship: _____ <i>(ACHD policy prohibits hiring relatives of current employees under certain circumstances.)</i>
5. Previously employed by ACHD? <input type="checkbox"/> No <input type="checkbox"/> Yes-- If yes, when: _____
6. Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide full details and employer's name: _____ _____

## EDUCATION

Do you have a high school diploma or equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, grade completed: 8 9 10 11 12				
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 (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):					

Former 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):					

Former 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):					

Former 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

Certifications: Please list current professional registrations, certifications, and licenses. Indicate the issuing state or agency and, if appropriate, the license number, the date issued and the expiration date.

Other Information: 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).

**Indicate office skills you have and office equipment and machines you can operate:**

<input type="checkbox"/> Computer	<u>Please check the computer programs you can operate:</u> <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Publisher <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Access <input type="checkbox"/> Internet <input type="checkbox"/> ArcGIS List other software: _____	<input type="checkbox"/> Other Equipment - describe:
<input type="checkbox"/> Ten-key		
<input type="checkbox"/> Switchboard/Answering Front Desk Phones		

Special qualifications, skills, machines & equipment you can operate:

Is driving one of the responsibilities of the position for which you are applying?     Yes     No

*If yes, please complete the following Driver's License information:*

Date of Issue \_\_\_\_\_                      Valid:     Yes     No                      State: \_\_\_\_\_

Class "A" CDL:     Yes     No                      Any Endorsements? \_\_\_\_\_

## 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:

\_\_\_\_\_

Answer the following, but note that a criminal record does not necessarily disqualify an applicant from employment.

Have you ever been convicted of a felony that has not been judicially ordered sealed, expunged, or annulled?

No

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

\_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_ Date of offense: \_\_\_\_\_

Have you ever been convicted of a non-felonious crime within the last seven (7) years that is not a parking violation or misdemeanor speeding ticket and that has not been judicially ordered sealed, expunged, or annulled?

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 Ada County Highway District terminated.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Ada County Highway District to continue to employ me in the future. If I am hired, I understand that ACHD or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice.

I authorize Ada County Highway District, by my signature below, to contact the individuals or organizations I have listed as references for employment checks.

I understand that ACHD may require a background check, including, if applicable, a motor vehicle records check, and I may be asked to sign a consent for ACHD to conduct such checks. I also acknowledge that if my position requires a commercial driver's license or is designated a "safety-sensitive" position, I will be required to submit to a drug testing at the time of conditional offer of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(This page will be kept separate from application)

### MILITARY SERVICE

For employment preference for war veterans, see Idaho Code Title 65, Chapter 5 which provides preference for eligible veterans who have been honorably discharged or eligible spouses who: Have served on active duty for a minimum of one hundred eighty (180) consecutive days; or Are disabled veterans who served on active duty in the armed forces; or Are Purple Heart recipients; or Are the widow or widower of such individuals and who have not remarried; or Are qualifying spouses of eligible disabled veterans who cannot qualify for any public employment because of a service-connected disability.	
Are you claiming a veteran's preference based on your status as a veteran, disabled veteran, unmarried widow or widower of a veteran, or a husband or wife of a service-connected veteran who cannot qualify for public employment because of a service-connected disability? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please complete the following)	
Veteran's full name:	Branch and rank upon separation:
Served from: _____ to: _____	Type of discharge:
Have you previously claimed veteran's preference with ACHD? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of disability? _____
Do you receive pension or compensation for non-service-connected disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you a qualified spouse, widow, or widow(er) of a disabled or deceased veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Your Name:	
Is the above veteran disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes	Is the above veteran deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please provide your DD214 and, if applicable, your letter from Veteran's Affairs stating your disability determination. Alternatively, you may mail a copy of these documents to ACHD, Attn: Human Resources, 3775 Adams St., Garden City, ID 83714	

(This page will be kept separate from application)

### TITLE 6

In order to assure equal employment opportunity and for federal compliance, 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.

<b>Date:</b>	<b>Position you applied for:</b>
<b>Name:</b>	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Age:</b>	<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races	

**How were you informed of this opening?**

- ACHD Website (*achdidaho.org*)
- Idaho Works-Online Job Service
- CraigsList.com
- CareerBuilder.com
- Indeed.com
- Newspaper (*name*) \_\_\_\_\_
- Job Fair (*location*) \_\_\_\_\_
- Professional Association Website (*name*) \_\_\_\_\_
- Magazine / Publication (*name*) \_\_\_\_\_
- College / University Career Website (*name*) \_\_\_\_\_
- Other Internet Job Website (*name*) \_\_\_\_\_
- Other (*name*) \_\_\_\_\_

Did you see the video for this position? Where? \_\_\_\_\_