

4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

Have you ever been convicted of a felony? Yes___ No___ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Are you over 18 years of age? Yes___ No___

Are you authorized to work in the United States? Yes___ No___
(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes___ No___ License Number and State Issued: _____

EDUCATION (Circle last year completed)

SCHOOL NAME

MAJOR SUBJECTS

Elementary & Jr. High 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Other job-related education

Not Applicable

If you are an experienced operator of any business/plant machines or equipment, please list:

Other job related skills:

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with DisAbility Rights Idaho. I hereby release and hold DisAbility Rights Idaho harmless from any claim for releasing any truthful information within its knowledge and/or records.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either DisAbility Rights Idaho or I may terminate our relationship at will at any time, without notice, for any reason or for no reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Date

Signature of Applicant