

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	
OTHER (SPECIFY)				<input type="checkbox"/> YES	
				<input type="checkbox"/> NO	

EMPLOYEMENT HISTORY

Please list current and past employers, beginning with the most recent

	NAME/ADDRESS/PHONE COMPANY/TYPE	FROM	TO	WAGE	REASON FOR LEAVING	SUPERVISOR
1						
		DUTIES:				
2						
		DUTIES:				
3						
		DUTIES:				
4						
		DUTIES:				

5						
		DUTIES:				
6						
		DUTIES:				
If there is a particular employer(s) you do not wish us to contact, please indicate which one(s). 2 3 4 5 6						

ATTACHMENTS (required)	
<input type="checkbox"/> cover letter	<input type="checkbox"/> resume

PLEASE READ, SIGN AND HAVE NOTORIZED
(note: you must sign document in the presence of a notary)

STATE OF IDAHO)
)ss.
County of Latah)

I, _____ (print name), being first duly sworn and on oath, certify that the facts set forth in this application for employment are true and complete. I understand that, if I am employed, any false statement on this application may result in my dismissal. I further understand that this application is not a contract of employment and it does not obligate Latah County in any way.

I hereby authorize the above-listed employers, references, and other persons contacted by the Latah Information Technology Services Department to provide any and all information concerning me, my work record, reputation, medical record(s), military service records, financial status, and **criminal history information**. Information of a confidential and/or privileged nature may be included. I understand that any reply will be used by the Latah Information Technology Services Department to determine my qualifications and fitness for the position I am seeking. I understand my rights of privacy and privilege, and I waive those rights. I also hereby release any organizations or individuals from any liability or damages which may occur as a result of their reliance upon this release.

Date

Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__.

Notary Public for the State of Idaho
Commission expires _____.