

Office: (208) 409-6090 Fax: (208) 888-2591

Application for Employment An Equal Opportunity Employer

Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please write legibly. **DO NOT** substitute "See Resume" for information requested on the application form. **PLEASE PRINT**, except for the required signature. All information provided will be available only to persons who have a "need to know" or as required by law. The Company will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid **ONLY** for the position listed below.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

ME (Print)					TODAY'S DAT	ΓE	
	Last				Initial		
RESENT ADDRESS_					TEL. NO	Day	
	No.	Stree	t C	Sity State	Zip	Day	Evening
sition applied for?				When are you available	e for employment?		
hich type of employn	nent are you seekir	ng: Full-time	_ Part-time_	Temporary	or Summer		
	description for the	e position to which	you have applied ar	re you able to perform th	e essential job functior	ns with or without reaso	onable accommodati
s No ave you ever be	en previously 6	employed by th	e SLBS?		Yes	No	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on proviously s	omprojed oj ur	· SEES.				
			RECORD	OF EMPLOYME	NT		
. Name of Current/N	/lost Recent Emplo	ver		OF EMPLOYME		Type of Business	
. Name of Current/N	∕lost Recent Emplo	yer	RECORD	OF EMPLOYME	NT Telephone	Type of Business	
			Address		Telephone	,	Title
. Name of Current/N Dates Emp	bloyed	yer Rate c Starting	Address	OF EMPLOYME	Telephone	Type of Business Supervisor's Name and	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To Mo. Yr.	Rate o	Address If Pay Ending	Reason for Leaving	Telephone	,	Title
Dates Emp	To To Mo. Yr. I, duties performed.	Rate of Starting , skills used or learn	Address If Pay Ending	Reason for Leaving or promotions.	Telephone	,	Title

2. Name of Next Previous Employer				Address Telephone		Type of Business		
Dates	Dates Employed Rate of Pa		of Pay	Reason for Leaving			Supervisor's Name and Title	
From	То	Starting	Ending					
Mo. Yr.	Mo. Yr.							
List the jobs you	held, duties performe	d, skills used or learr	ned, adva	incements	or promotions.			
						-	1 - (5 :	
3. Name of Nex	t Previous Employer			Address		Telephone	Type of Business	
Dates	Employed	Rate o	of Pay		Reason for Leaving		Supervisor's Name and T	itle
From	То	Starting	Ending					
Mo. Yr.	Mo. Yr.							
List the jobs yo	ı held, duties performe	d, skills used or learr	ned, adva	incements	or promotions.			
						-	1 - (5 :	
4. Name of Nex	t Previous Employer			Address		Telephone	Type of Business	
						,		
Dates	Employed	Rate o		Reason for Leaving			Supervisor's Name and Title	
From	То	Starting	Ending					
Mo. Yr.	Mo. Yr.							
List the jobs yo	ı held, duties performe	d, skills used or learr	ned, adva	incements	or promotions.			
Have you ever b	een convicted, enter	ed a plea of no con	itest or r	eceived a	withheld judgment for any cr	iminal offens	e (misdemeanor or felor	ıy)? Yes
	viction will not neces		applicar	nt.)				
If yes, please e	xplain:							
Poforces	es (You must provide	three)						=
Name	es (100 must provide	unecj		Address	or Phone	Business Na	me	Years Known
1				,		203111C33 1Va		. 53.5 .410411
2								
3								

Do you have a criminal matter currently pending? Yes____ No___

employment consideration, or					ir action. Failure to provide ruil disclost	ire may result in disquaimcation from
>						
>						
>						
>						
Are you over 18 years of age? Ye	es	No	_			
Are you authorized to work in the U (Federal Law requires proof of iden					on for all new employees.)	
	-				Yes No License Number and Sta	ate Issued:
EDUCATION (Circle last	year	compl	eted)		SCHOOL NAME	MAJOR SUBJECTS
High School	1	2	3	4		
College	1	2	3	4		
Other job-related education						
If you are an experienced operator	of any	position-	related	business	/plant machines or equipment, please list:	Other job-related skills:
such general identification infeducation, general reputation, Only job-related information cemployment. I hereby author information regarding the item claim for releasing any truthful authorize the Company to re	ormat char levelo ize the is list il info	tion as racter, a ped fro ese per ed in the rmation at the any	reside and that om such sons, nis par n within	nce veri at such ch a rep compai agraph. n their k	ne nature and scope of an investigation fication, and, as applicable, information information may be developed through ort will be considered in evaluating my lies, organizations or corporations to an I hereby release them from any liability nowledge and/or records. The entity or organization with which I may the Company. I hereby release and here	n concerning my employment, personal interviews with third parties. employment application or continued nswer all questions or release any ty and hold them harmless from any seek employment in the future, any
claim for releasing any truthfu	il info	rmation	within	n its kno	wledge and/or records.	nd the Company hamness from any
I understand that any job offe test.	r that	may be	e exter	nded to	me will be contingent upon the success	ful completion of a drug and alcohol
omissions, and understand the result in dismissal. I underst	at, if one and a second and a second a	employ and acl relation	ed, on knowle onship	nissions edge the at will	uestions and during any interviews are and/or false statements on this applica at, if hired, my employment is for no at any time, without notice or any reract.	ation or during any interviews may be definite period and either the
I have had an opportunity to h	ıave r	ny que	stions	about t	is statement's content and intent answ	rered and understand its terms.
Date		Signat	ure of	Applica	nt	

Have any of your prior employers ever disciplined you including, but not limited to, a written warning, suspension, demotion, or termination of your employment? If so, please explain **each** incident by providing the date of occurrence, disciplinary action taken, facts surrounding the action (e.g., specific policy violation or performance issue), and the name of the employer. If you need additional space, please continue on a separate piece of paper. It is critical that the applicant be upfront in his or her response so